

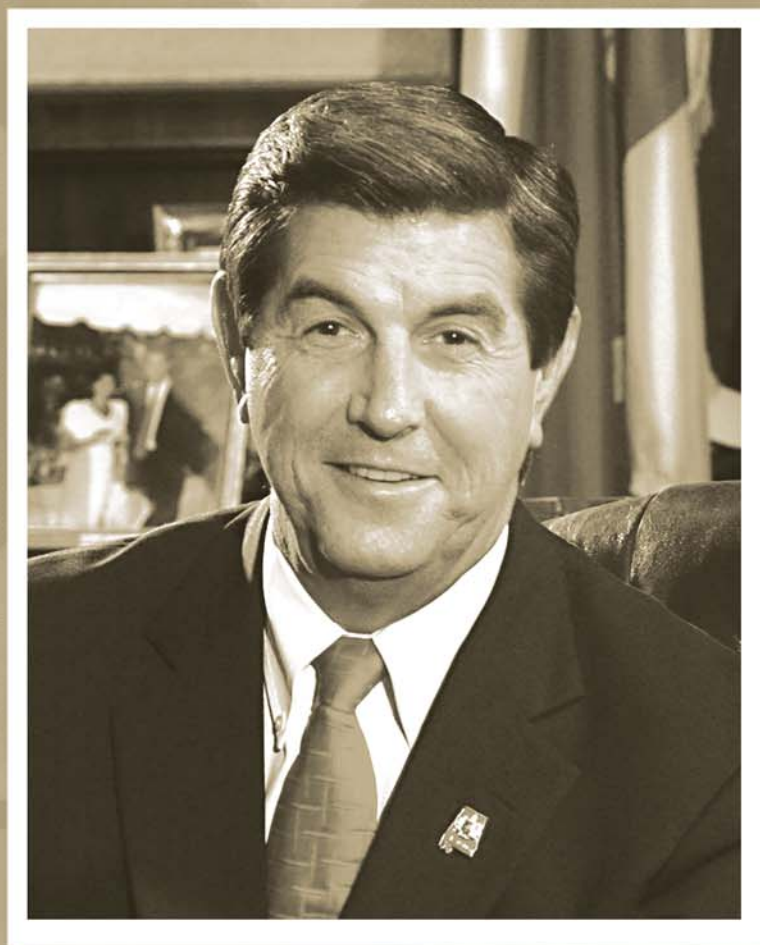
ALABAMA DEPARTMENT OF MENTAL HEALTH & MENTAL RETARDATION

THE LEGACY OF
WYATT

THE ROAD TO SELF-DETERMINATION—THE PAST, THE PRESENT, THE FUTURE



2003-2004
ANNUAL REPORT



BOB RILEY, The Honorable
GOVERNOR
State of Alabama

Alabama

The Honorable Bob Riley
Governor
State of Alabama
State Capitol
Montgomery, AL 36130



Dear Governor Riley,

It is an honor for me to present to you the Alabama Department of Mental Health and Mental Retardation's Annual Report for Fiscal Year (FY) 2004. There are many exciting accomplishments in FY 04 featured in this report and I do not wish to minimize any of these. However, I would be remiss if I did not emphasize two events that are truly monumental in Alabama mental health history.

First, there was the settlement of the *Wyatt* case on December 5, 2003. You were there giving testimony before U.S. Circuit Judge Myron Thompson assuring him of the state's commitment to continue the programs and reforms spawned by *Wyatt*. You were there to end the Federal Court's control over Alabama's mental health system that lasted for 33 years. *Wyatt* was the longest running mental health case in the nation and spanned the terms of seven U.S. Presidents, nine Alabama Governors, and 15 Mental Health Commissioners. The first ten pages of the Annual Report thus highlight the history of mental health in Alabama and in particular, the legacy of the *Wyatt* case for mental health care systems across the nation and indeed the world.

The second FY 04 initiative that was of historical significance was the Consolidation Plan. The consolidation and closure of six of the state's fourteen facilities could not have been possible without your support. The Consolidation Plan helped the department reallocate millions of dollars into much needed community services and away from the costly maintenance of large half-full institutions. The balance of the Annual Report features initiatives of the department in FY 04, many of which are linked to the reforms spawned by *Wyatt*.

I would like to close with a few remarks about my retirement and service to the state for the past 28 years. Thank you for giving me the privilege of serving under you and leading the most competent and dedicated work force in the state. They all assisted me in having a wonderful career and realizing many dreams and goals for the people we serve. It is my hope and prayer that future governors, legislators, and commissioners will have the same zeal and compassion that you have shown in support of the citizens we serve. The citizens we are privileged to serve want to live, work and give back to their communities. In most cases, all they need is an opportunity.

Sincerely,

Kathy E. Sawyer
Commissioner



KATHY E. SAWYER
COMMISSIONER

Alabama Department of Mental Health
& Mental Retardation
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CONTENTS

MENTAL HEALTH SYSTEM CHART.....	1
THE YEAR IN REVIEW.....	2
THE LEGACY OF WYATT.....	3
DIVISION OF MENTAL ILLNESS.....	16
Office of Mental Illness Community Programs	
Mental Illness Facilities	
Office of Deaf Services	
Office of Consumer Relations	
Office of Certification Services	
Office of Performance Improvement	
DIVISION OF MENTAL RETARDATION.....	24
Office of Community Services	
Regional Community Services	
Developmental Centers	
Office of Consumer Empowerment	
Office of Psychological & Behavioral Services	
Office of Community Certification	
Office of Quality Enhancement	
DIVISION OF SUBSTANCE ABUSE SERVICES.....	31
Methadone Services	
Office of Performance Improvement	
Office of Certification	
Office of Research, Evaluation, & Information	
Office of Prevention	
Office of Contracts & Grants	
DIVISION OF ADMINISTRATION.....	36
Office of Finance & Accounting	
Office of Compensation Services	
Bureau of Data Management	
Bureau of Human Resources Management	
Office of Staff Development	
Office of Certification	
Office of Pre-Admission Screening (OBRA)	
Office of Contracts	
Office of Land & Asset Management	
Administrative Support Services	
THE COMMISSIONER'S OFFICE, BUREAUS, & CENTRAL OFFICE SUPPORT.....	43
Office of Legislative & Constituent Affairs	
Office of Rights Protection & Advocacy Services	
Office of Policy & Planning	
Office of Public Information & Community Relations	
Bureau of Special Investigations	
Bureau of Legal Services	
Office of Children's Services	
The Alabama Family Trust & Special Projects	
ALABAMA COUNCIL FOR DEVELOPMENTAL DISABILITIES.....	48
DEPARTMENT TELEPHONE DIRECTORY.....	49

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THE ALABAMA MENTAL HEALTH SYSTEM

The Alabama mental health system is comprised of services provided through state operated facilities and a network of contract community service providers. The Alabama Department of Mental Health & Mental Retardation (DMH/MR) organizational structure is depicted below. The department has four divisions. Each division has its own Associate Commissioner appointed by the Commissioner of the DMH/MR.



THE YEAR

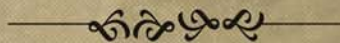
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Review

- Developed and implemented a rate setting or fee for service system for MR community programs, which provided standard rates for services based on the needs of individuals served.
- Comprehensive support services (CSS) were established in each region where a developmental center was closed. These teams are comprised of a Ph.D. psychologist, psychiatrist, case managers, and a dentist. This initiative received accolades in the February 2004 issue of *Governing Magazine*.
- The Advocacy 24-hour toll-free access line received 6,346 consumer calls. This represented a 21 percent increase over FY 03 calls.
- The first statewide Access to Services Directory was published.
- Office of Deaf Services conducted training activities for providers of services. Over 1,100 people attended these training sessions.
- Held the Voice and Vision III Consumer Art Exhibit at the Montgomery Museum of Fine Arts.
- Office of Certification conducted over 3,900 inspections and reviews of community programs.
- Provided opportunities for community placement or transfer to the W. D. Partlow Developmental Center for 166 individuals who were former residents of the three Developmental Centers that were closed in FY 04.
- A Suicide Prevention Task Force was developed in connection with the Alabama Department of Public Health toward the creation of a suicide prevention plan.
- Forty full-time crisis counselors were trained to provide outreach and assistance to Hurricane Ivan victims.
- Co-sponsored the second Criminal Justice Conference held in Birmingham with over 250 law enforcement, judges, district attorneys and mental health professionals in attendance.
- Ended the Federal Court control of the Alabama Mental Health System with the termination of the 33-year Wyatt vs. Stickney lawsuit. Wyatt spanned the terms of seven U.S. Presidents, nine Alabama Governors, and 15 Mental Health Commissioners.



ON DECEMBER 5, 2003, THE *WYATT VERSES STICKNEY LAWSUIT* ENDED. THIS IS THE STORY OF THE TRANSFORMATION OF TREATMENT AND CARE FOR PERSONS WITH MENTAL DISABILITIES LARGELY INFLUENCED BY THE CASE.



Wyatt vs

12503

The federal lawsuit that established the right of mental patients to humane treatment in Alabama and across the nation ended Friday.

Ricky Wyatt

MONTGOMERY — The federal lawsuit that established the rights of mental patients to humane treatment in Alabama and across the nation ended Friday, 33 years after it began.

Landmark mental health case draws to a close

Wyatt mental health suit ends



On December 5, 2003, Federal Judge Myron Thompson ended *Wyatt vs. Stickney*, the longest running mental health lawsuit in U.S. history. Commissioner Kathy Sawyer and Governor Bob Riley gave testimony in open hearing and pledged to maintain the reforms and standards established by the 33-year *Wyatt* litigation. In his order, Judge Thompson used these words to describe the impact of the *Wyatt* case:

“The enormity of what this case has accomplished cannot be overstated. The principles of humane treatment of people with mental illness and mental retardation embodied in this litigation have become part of the fabric of law in this country and, indeed, international law.”

The *Wyatt vs. Stickney* suit was filed in October of 1970 on behalf of Ricky Wyatt, a patient at Bryce Hospital in Tuscaloosa, Alabama. Wyatt's aunt was a Bryce employee who was part of a group facing a mass lay-off due to budgetary constraints. She and other mental health employees, including the superintendent, Dr. Stonewall Stickney himself, recognized the fact that lay-offs of professional staff would preclude even minimal treatment of patients at Bryce. The case eventually assumed a "patients rights" posture and was transferred to Federal Court. In 1971, Federal Judge Frank M. Johnson, Jr. in Montgomery issued a landmark ruling that persons with mental disabilities had a constitutional right to personal treatment with minimum standards of care. The words of Judge Johnson were as strong as the sound of his court gavel:

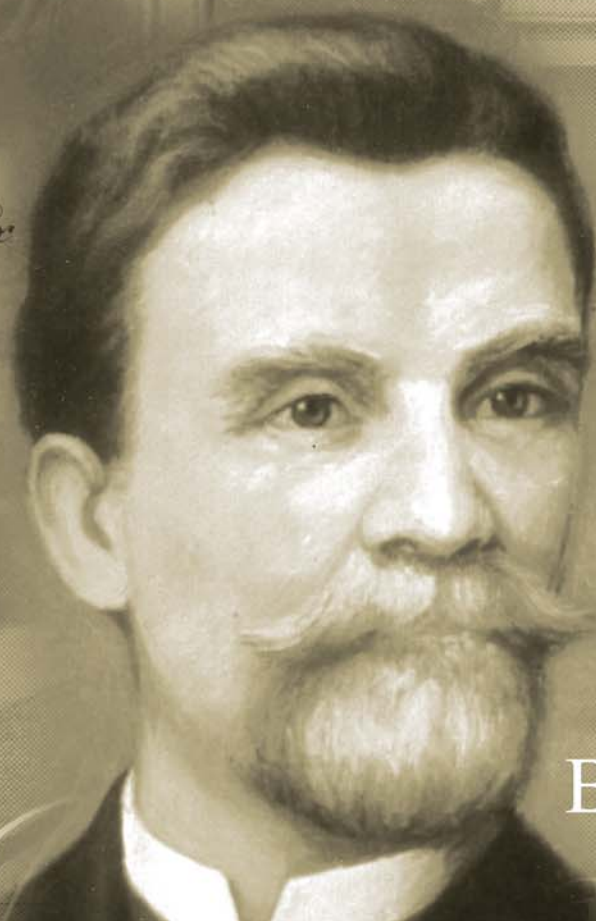
“There can be no legal or moral justification for the State of Alabama's failing to afford adequate treatment for persons committed to its care from a medical standpoint. Furthermore, to deprive any citizen of his or her liberty upon the altruistic theory that the confinement is for humane therapeutic reasons and then fail to provide adequate treatment violates the very fundamentals of due process.”—FEDERAL JUDGE FRANK M. JOHNSON, JR.

Subsequently, the Judge identified 35 standards for adequate treatment for persons with mental disabilities in his order issued April 13, 1972. These standards included staffing, diet and nutrition, safety, physical plant adequacy, and many other features of protection. At the time of Judge Johnson's ruling, Bryce Hospital had over 5,000 patients with only three psychiatrists. Partlow, the state's facility for persons with mental retardation, had over 3,000 residents who also lived in overcrowded and inhumane conditions.

EST.

"I first visited Alabama in the spring of 1847. I was fortunate to spend a productive day with Chief Justice Henry Collier. Little did I know that he would one day become governor. Two years later in his inaugural address to the Legislature, Governor Collier recommended the establishment of a state hospital for the insane. In 1861, nearly 12 years later, the hospital was completed. I've never had a prouder day in my life." -Dorothea Dix

Dorothea Dix



Dr. Peter
BRYCE

Dr.

Ever

Dr.

The question is, "How did it get this bad?" Why did Alabama and most other states allow these horrible conditions to exist? To find the answer to this question, one must look at the broader view of the history of mental health services in the state. The early history of mental health in Alabama was characterized by the high moral and medical aspirations of mental health pioneers. Cultural conditions in mid-nineteenth century America provided fertile soil for the development of a social conscience in the rising middle class. The pre-industrial agrarian society was rich in religion and had a strong altruistic motive to help those who were "less fortunate." In particular, the Quakers rejected the harsh treatment of the disabled in Europe and called for more humane care for those they considered "mentally defective." This and other social transformations spawned the Moral Treatment Movement. One of the champions of the Moral Treatment Movement was Dorothea Dix. In the late 1840's, Ms. Dix visited Alabama and lobbied the governor and the legislature for the establishment of a state hospital for the mentally disabled.

"I first visited Alabama in the spring of 1847. I was fortunate to spend a productive day with Chief Justice Henry Collier. Little did I know that he would one day become governor. Two years later, in his inaugural address to the Legislature, Governor Collier recommended the establishment of a state hospital for the insane. In 1861, nearly 12 years later, the hospital was completed. I've never had a prouder day in my life."—DOROTHEA DIX

The hospital assumed the design of the Kirkbride model. Kirkbride was a world-renowned architect who conceptualized hospital facilities where every room had an outside window with views of spacious grounds. Dr. Peter Bryce was the first Superintendent of the hospital. His philosophy of patient care was extraordinarily progressive. He believed in freedom from seclusion and restraint and that every patient had the right to the latest forms of treatment and care. At the new facility, meals were provided in dining room settings where patients could visit and enjoy the camaraderie of their friends. Patients had their own rooms furnished much like home. This atmosphere was worlds apart from the conditions earlier in the 19th century experienced by the mentally disabled. As one writer put it, "Just a few years before the so-called 'indigent insane' and the 'feeble-minded' lived in horrendous conditions and were often warehoused with the able-bodied poor and orphans. Cages were among the popular forms of treatment. People were considered to be slightly more valuable than animals. In fact, animals were often treated better than this poor lot."

Bryce was a giant step in the right direction. However, it would be another 60 years before a clear-cut distinction was made between the treatment of persons with mental illness and individuals with mental retardation. For those 60 years they all lived together at Bryce. Bryce had been established to offer peace and tranquility to the mentally disabled. In accordance with its mission, the staff utilized the most modern forms of treatment known at that time.

1902

SEARCY
HOSPITAL

Partlow

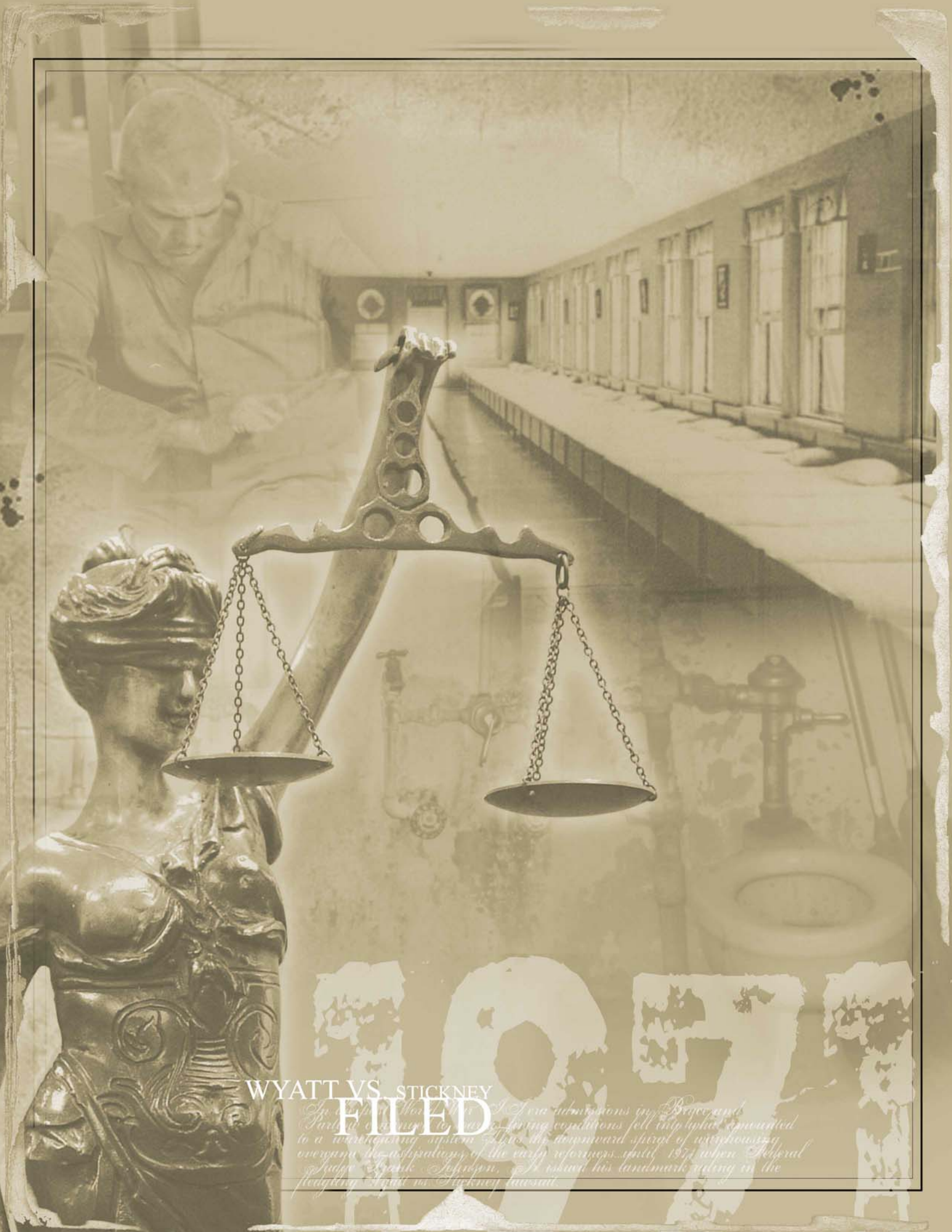
A Group of Patients at Work

One of the main forms of therapy for patients was farming. Annually, residents worked in the fields and reaped enough harvest to make the institution virtually self-sufficient. Some called this a "plantation" system and criticized hospitals for taking advantage of the mentally defective. Admittedly, patients worked long hours in the fields with little or no pay. However, outside work was considered to be a form of therapy in the late 19th and early 20th centuries. The reformer, Dorothea Dix, supported the farm-therapy system as beneficial to the patient's health. In Alabama, patients produced enough harvests to pay for the expenses of the hospital on an annual basis.

The second mental hospital built in the state was Searcy Hospital near Mobile, Alabama. The hospital was constructed on the property once occupied by a U.S. Army post. At one time, the post housed over 400 Apache Indians including the infamous Chief Geronimo. In 1895, the post was given to the state, and in 1902, a hospital was built for the purpose of providing services for blacks. In consideration of the limited funds provided for the renovation of the Federal buildings, Dr. Reuben Searcy utilized Bryce patients to prefabricate the windows and other architectural features of the facility. Like Bryce, Searcy Hospital had an aggressive farm-therapy program and became virtually self-sufficient from the sale of produce.

Although people with mental retardation worked along side people with mental illness in the farm-therapy program, it became evident that these were two different conditions with the need of two distinct types of services. Dr. W. D. Partlow, who served as assistant superintendent for Bryce and Searcy, saw the need for an institution that would provide distinct services for people with mental retardation. In 1922, the first buildings of the "Alabama School for Mental Deficients" were completed on 108 acres of property adjoining the lands of Bryce Hospital in Tuscaloosa. In 1927, the legislature changed the name to honor Dr. Partlow.

The great boost to the program came with the organization of "Patrons for Partlow State School," an organization of relatives and friends who influenced the upkeep of the services of the school. Alabama was one of the early states to arouse and encourage family participation in this manner.



WYATT VS. STICKNEY

FILED

In 1968, when the Federal Bureau of Prisons conditions fell into a spiral of warehousing everyone the aspirations of the early reformers until 1972 when Federal Judge Frank Johnson issued his landmark ruling in the fledgling Wyatt vs. Stickney lawsuit.

Between 1930 and 1940, the census at Bryce grew from 2,600 to over 4,000. Partlow's population also doubled. In the post World War II era, admissions in Bryce and Partlow continued to soar as living conditions fell into what amounted to a "warehousing" system. Although there were some advances in treatment and developmental techniques, living conditions were sadly similar to the horrible overcrowded and inhumane settings that were opposed by Dorothea Dix 100 years earlier. The original visions of Dr. Bryce and Dr. Partlow to provide quality care in a quality environment had been swept away. People with mental retardation who were deemed to have "unmanageable behavior" continued to be commingled with patients at Bryce through the 1960's.

In 1970, a journalist who visited the Jemison building at Bryce Hospital described conditions there as follows:

“Human feces were caked on the toilets and walls; urine saturated the aging oak floors; many beds lacked linen; some patients slept on floors. Archaic shower stalls had cracked and spewing shower heads. One tiny shower closet served 131 male patients; the 75 women patients also had but one shower. Most of the patients at Jemison were highly tranquilized and had not been bathed in days. All appeared to lack any semblance of treatment. The stench was almost unbearable.”

Thus, the downward spiral of warehousing overcame the aspirations of the early reformers...until 1971 when Federal Judge Frank Johnson, Jr. issued his landmark ruling in the fledgling *Wyatt vs. Stickney* lawsuit. The ruling decreed that people with mental disabilities had a constitutional right to personal treatment with minimum standards of care. These standards included staffing, diet and nutrition, safety, physical plant adequacy, and many other features of protection. At the time of Judge Johnson's ruling, Bryce Hospital had only three psychiatrists to serve over 5,000 patients. Discharge was virtually impossible without careful scrutiny by one of these doctors. Partlow, the state's institution for persons with mental retardation, had over 3,000 residents living in overcrowded and inhumane conditions who had no legal alternative.

Wyatt vs. Stickney led to sweeping reforms in mental health systems in the state and ultimately across the nation. These reforms were similar in their essence but distinct in how services were delivered to persons with mental retardation and persons with mental illness. The first major reform for mental retardation services in Alabama was the beginning of state funding for community programs in 1971. Local chapters of the Association for Retarded Citizens were among the first providers of group homes and day habilitation services in communities across the state.

THEN & NOW

1977

1971

LURLEEN B.
WALLACE

CLIENT
GROUP HOME

The next significant change in mental retardation services came with the establishment of regional Developmental Centers. In the early 70's, Lurleen B. Wallace, the wife of Governor George Wallace, visited Partlow and was struck with the horrendous living conditions at the facility. She asked the legislature to provide funding for other residential facilities that would provide developmental opportunities for people with mental retardation. The first of these was named in her honor, the Lurleen B. Wallace Developmental Center in Decatur, Alabama.

In the early 70's, the Wallace Center instituted state-of-the-art services for residential and day habilitation. The J. S. Tarwater Developmental Center followed in 1977, along with A. P. Brewer Developmental Center in Mobile in 1984. The Glenn Ireland Developmental Center, established in Birmingham in 1986, was closed within a decade due to the downsizing initiatives of *Wyatt*. By the early 90's, the state of Alabama had a growing community provider network and four Developmental Centers that provided institutional services for all geographic portions of the state.

With the rise of community services the developmental centers were destined to “work themselves out of a job.” By the termination of *Wyatt* in 2003, all but one of the four centers was slated for closure. In 2004, the one that remained was the W. D. Partlow Developmental Center in Tuscaloosa.

In 2003, the department's Division of Mental Retardation opened the first Office of Consumer Empowerment. The director of the office is an individual with a cognitive developmental disability. The department now serves over 12,000 people a year with mental retardation through community contract providers and less than 300 annually at Partlow.

The reforms mandated by *Wyatt* also had a profound affect on mental illness services. The shift in emphasis from institutional care to community-based care was central to these reforms. The census at Bryce dropped from over 5,000 patients in 1971 to less than 400 in 2004. Over the 33-year term of the case a broad network of community providers evolved, and by the termination of *Wyatt* in 2003, they served over 100,000 Alabamians per year with offices in all 67 counties.

As part of a *Wyatt* consent decree, the department established an Internal Advocacy Office in 1986 and in 1991, an Office of Consumer Relations was opened with a mental illness consumer as its director. By the termination of *Wyatt*, consumers served on all boards and steering committees of the department.

BEYOND Wyatt

"The enormity of what this case has accomplished cannot be overestimated in my life. The principles of humane treatment of people with mental illness and mental rehabilitation embodied in this litigation have become part of the fabric of law in this country. Therefore, the legacy of this litigation cannot be terminated by any court."

—FEDERAL JUDGE MYRON THOMPSON

AFFORDABLE
HOUSING

SELF-
ADVOCACY

INDEPENDENCE

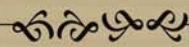
As more and more consumers had opportunities to live in the community, the department initiated programs to help with the transition to community life. ACT Teams (Assertive Community Treatment Teams) were established to help local mental health centers maintain contact with consumers who were at risk of re-hospitalization. Over 300 new affordable housing units were available to consumers in 2003, and in 2004, the department invested over 8 million dollars in its Indigent Drug Program (IDP). This program provided free medication to consumers who could not qualify for Medicaid or private health insurance. The IDP program helped consumers maintain the proper regimen of medications necessary for their recovery. In addition to ACT teams and IDP, consumer-managed Drop-in Centers were established across the state giving former patients a place to congregate for recreation or special programs. The consumer movement became so well established in Alabama that by 2004, over 900 consumers gathered at the 12th Annual Shocco Springs Spring Conference to learn about self-advocacy, voting and other relevant topics. Reportedly, this is one of the largest consumer conferences in the nation.

The *Wyatt* case set minimum standards of care, established patient rights, fostered the downsizing of state institutions and the proliferation of community services. Today, consumers for MR and MI services sit on department Boards and Committees that influence the management of institutions that at one time warehoused people with mental disabilities. The stigma formerly associated with mental illness or mental retardation is being reduced by public education and community awareness. People are looking at the abilities, not the disabilities of consumers. Equal respect and treatment are now the law of the land.

In his order written in association with the termination of *Wyatt*, Federal Judge Myron Thompson, said;

“Wyatt heightened public awareness of the needs of institutionalized people with mental illness or mental retardation. Today, as a result, any judge, legislator, or executive official who would seek to reverse the everyday involvement and oversight of state and local advocacy groups, friends, and family members of people with mental disabilities, and self-advocacy by consumers would face universal condemnation. Therefore, the legacy of this litigation cannot be terminated by any court.”





DIVISION OF MENTAL ILLNESS

MENTAL ILLNESS DIVISION OFFICES

COMMUNITY SERVICES

OFFICE OF MENTAL ILLNESS COMMUNITY PROGRAMS


The Office of Mental Illness Community Programs serves as a liaison between DMH/MR and community mental health providers in an effort to enhance treatment for consumers. The office works to ensure that quality standards are implemented and maintained throughout the community provider network.

Responsible for:

- Planning and implementing new programs designed to further enhance treatment and quality of life for consumers.
- Working with community providers to maintain quality standards in existing services.
- Improving the community continuum of care available to adults with serious mental illness and children and adolescents with severe emotional disturbance with particular emphasis on services that divert admissions to and enhance discharges from state hospitals and other more restrictive treatment settings.
- Planning and coordinating services with other state agencies, advocacy organizations, state and local providers, insurers, and other interested parties.

Initiatives for the year:

- A Suicide Prevention Task Force was developed in concert with the AL Department of Public Health (ADPH) toward the creation of a Suicide Prevention Plan for Alabama. Task Force members received national training in suicide prevention; partnered with family members and survivors of suicide in recognition of a state-wide Suicide Prevention Week; and community mental health center staff received awareness training from the Task Force and the Suicide Prevention Plan.
- The DMH/MR was the recipient of a two-year Emergency Response Capacity Building Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). National leaders in disaster response were accessed and brought to the Alabama Council for Community Mental Health Boards' Annual Meeting and the Advisory Council developed an All Hazards Plan for increasing preparedness and mental health response to natural and man-made disasters.
- During the year, Hurricane Ivan made landfall in Orange Beach. A Federal Emergency Management Agency (FEMA) Grant was secured to provide crisis counseling to eleven counties in southern Alabama which were adversely impacted by Ivan.
- A Real Choice Grant made possible the development of a Person-Centered Treatment Planning curriculum with multiple trainings provided to community mental health center staff. The psychiatric rehabilitation manual included information for special populations, including children and adolescents, and senior citizens.



Consumer Ben has a family history of schizophrenia. He spent many years in and out of state institutions. Eventually, through community-based care, Ben has achieved a high level of recovery. He is an artist, poet, and musician.

- Staff participated in a National Policy Academy on Co-occurring Disorders with representatives from the Governor's Office, providers, family members, and consumers to develop a plan for integrated services for people with co-occurring mental illness and substance abuse disorders.
- The second annual Criminal Justice Conference was held February 2004, with over 250 law enforcement, judges, District Attorneys, and mental health professionals in attendance. The conference focused on the need for developing services that prevent criminalization of individuals with mental illness.
- The Mental Illness Division successfully applied for a Real Choices Grant to establish respite care services for youth diagnosed with a serious emotional disturbance.
- The Governor proclaimed the week of May 15-21 as Children's Mental Health Week. Various community mental health centers sponsored community events to raise awareness and reduce stigma associated with the mental health needs of children and adolescents.
- The first Child and Adolescent Psychiatric Institute was held with 30 psychiatrists who work with children across the state in attendance. The purpose was to increase the knowledge base of psychiatrists who work with children in public programs.
- An Adult Psychiatric Institute was also held with 59 psychiatrists in attendance. The purpose of the Institute was to assure that public-sector psychiatrists are well-informed on best practices.

- The number of adult community residential beds increased by 90 to improve community-based living options for consumers. Additionally, staff, providers, and advocates were instrumental in creating an organization called the Alabama Rural Coalition for the Homeless (ARCH). ARCH serves as the balance of the state continuum of care group that is necessary for the state to fully access all HUD funds allocated to it.
- The MI Division presented or sponsored tracks on co-occurring disorders, child/adolescent services, emergency response, and self-injurious behavior at the Annual Meeting of the Council of Community Mental Health Boards, which has an attendance of over 800 people interested in community mental health services.



The Alice Kidd Nursing Home is located on the campus of Bryce Hospital in Tuscaloosa, Alabama. The nursing home serves elderly Alabamians with psychiatric disorders.

MENTAL ILLNESS FACILITIES

BRYCE HOSPITAL

Bryce Hospital was established in 1861 in Tuscaloosa and is the oldest publicly operated mental illness facility in Alabama. In FY 04, the hospital had a capacity of 310 beds. During the year, Bryce served 1,065 consumers with 689 admissions and 674 discharges. Mr. David E. Gay, Jr., served as the director of Bryce Hospital.

ALICE KIDD NURSING FACILITY

The Alice Kidd Nursing Facility serves elderly consumers and is located on the campus of Bryce Hospital. The nursing home had its capacity reduced to 40 beds by the end of FY 04 following placement of many consumers in community nursing homes during the year. The facility served 126 elderly consumers. Ms. Nedra Moncrief-Craig continued to serve as director of the Alice Kidd Nursing Home.

TAYLOR HARDIN SECURE MEDICAL FACILITY

Taylor Hardin Secure Medical Facility is a maximum-security forensic facility in Tuscaloosa. The facility provides evaluation and treatment services pursuant to orders issued in criminal cases by circuit courts from all 67 counties. Taylor Hardin has a capacity of 114 beds. During FY 04, the facility served 256 consumers on 137 admissions and 119 discharges. Mr. James F. Reddoch, Jr., continued as director.

MARY STARKE HARPER GERIATRIC PSYCHIATRY CENTER

The Mary Starke Harper Geriatric Psychiatry Center, located on Bryce Campus in Tuscaloosa, served 356 elderly consumers in FY 04. Harper has a capacity of 96 beds. There were 247 admissions and 255 discharges during the year. Dr. Beverly Bell-Shambley continued as facility director.

NORTH ALABAMA REGIONAL HOSPITAL

North Alabama Regional Hospital (NARH) is located in Decatur, Alabama and provides acute care services in the northern part of the state. In FY 04, NARH served 684 consumers and has a capacity of 74 beds at any given time. The facility admitted 604 consumers during the year and discharged 607. Mr. Charles Cutts continued as facility director.

GREIL MEMORIAL PSYCHIATRIC HOSPITAL

Greil Hospital is located in Montgomery, Alabama and provides short-term acute care for consumers in the central part of the state. Greil has a capacity of 66 beds. During FY 04 the facility served 656 consumers, with 592 admissions and 590 discharges. Ms. Susan Chambers continued as facility director.

SEARCY HOSPITAL

Searcy Hospital was established in 1902 in the town of Mt. Vernon in northern Mobile County and had a capacity of 272 beds in FY 04. Through a combination of acute care and extended care beds, Searcy served 797 consumers during the year. There were 502 admissions and 417 discharges. Ms. Beatrice McLean continued as facility director.

THOMASVILLE MENTAL HEALTH REHABILITATION CENTER

The Thomasville Mental Health Rehabilitation Center (TMHRC) relocated from Thomasville, Alabama to the campus of Searcy Hospital in FY 04. It had a capacity of 72 beds and served 110 consumers during the year. At the end of the fiscal year, TMHRC became part of Searcy Hospital to provide extended care service for the central part of the state. Dr. Michael Carlton was the facility director in FY 04.

MENTAL ILLNESS SUPPORT SERVICES

OFFICE OF DEAF SERVICES

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of DMH/MR's consumers who are deaf or hard of hearing. Services are designed to be affirmative and supporting to consumers who traditionally have not been able to benefit from services offered by the department.

Responsible for:

- Ensuring that Alabamians who are deaf or hard of hearing have access to a full array of linguistically and culturally appropriate services, including various community-based service options.
- Developing an acute in-patient services unit for people who are deaf. This unit will be designed to treat people with co-occurring mental illness and substance abuse problems. It will be the only unit of its kind in the country.
- Overseeing regional coordinators of deaf services who are located in Huntsville, Birmingham, Montgomery, and Mobile. Services are delivered through contracts with community mental health centers. Regional coordinators work with local mental health centers to coordinate the delivery of linguistically and culturally appropriate services.
- Training, monitoring, and collaborating with staff from the divisions on improving their services to people who are deaf or hard of hearing.
- Conducting the Alabama Mental Health Interpreters Training (ALMHIT) program, an 80 hour course of study for advanced interpreters who wish to work in mental health settings.
- Community outreach and education to both the deaf community and the general community in Alabama through the use of media, workshops, and town hall sponsorship of deaf community events and activities.

Initiatives for the year:

- Through the hearing status reporting process set up in conjunction with the CDR and the CARES databases, 126 deaf consumers and 1,195 hard of hearing consumers were identified in community programs. On the average, 56 hard-of-hearing and eight deaf people per month were served in our state operated facilities.
- Established Deaf Services Regional Offices throughout the state.
- Opened three group homes for the deaf in the Birmingham area, including a unique program for people who are deaf and blind.
- Office staff provided training for more than 1,200 people across the State.



The Office of Deaf Services provides a network of regionally based coordinators who specialize in working with people who are deaf or hard of hearing.

- Renovation work began on the deaf inpatient unit at Greil and it will be named the Bailey Deaf Unit. Dr. Frances Ralston has been hired to direct the program.
- Established a well-received electronic newsletter that reaches hundreds of people.
- Provided mental health interpreter training. This 40-hour training provides experienced interpreters with practical and theoretical tools for working in this highly specialized area. A total of 50 interpreters have taken the training. Following the training, interpreters wishing to be certified as Qualified Mental Health Interpreters (QMHI) must then participate in a 40-hour supervised practicum. Following successful completion of the practicum, candidates sit for examination, and upon passing, are awarded their QMHI certification. To date, eight interpreters have completed this entire process.
- Conducted training and education activities at the National Association of the Deaf Convention, The Southeast Regional Institute on Deafness Conference, the Recovery Conference, and other major meetings.



More than 800 consumers meet each year at the Shocco Springs Conference. At the end of the conference consumers participate in a candlelight service that is symbolic of their victory over the challenges of the past year.

- Conducted in-state training activities for providers of mental health services. Over 1,100 people (unduplicated) have attended training sponsored by ODS.
- Established a network of video conferencing sites at various mental health centers across the state. This allows people who are deaf to communicate with signing clinicians regardless of where they are.
- Office staff has received recognition for their work by professional and peer organizations. Charlene Crump was named the Southeast Regional Institute on Deafness Interpreter of the year, and Steve Hamerdinger, The Council of Organizations Serving Deaf Alabamians Professional of the Year.

OFFICE OF CONSUMER RELATIONS

The Alabama Office of Consumer Relations provides information, staff, and technical support and assistance to consumers and consumer organizations throughout the state and insures that consumers have input into the management and decision-making process of the Mental Illness Division. The fact that consumers and family members have guaranteed positions on all of the Mental Illness Division committees played an important role in the settlement of the *Wyatt* Case.

Responsible for:

- Coordinating the Annual Alabama Recovery Conference at Shocco Springs at Talladega and other consumer events.
- Providing an incoming toll-free telephone number for consumers and family members.
- Coordinating departmental funding and provide technical support to consumer organizations and programs aground the state, such as consumer run drop-in centers in Mobile, Selma, Birmingham, Tuscaloosa, and Huntsville
- Providing support for CONTACT/Wings Across Alabama, a new statewide consumer organization established in 2004
- Working with the Visionary Guild, a statewide organization of artists and writers with mental illness
- Assisting the Alabama Minority Consumer Council (AMCC), a statewide consumer organization that provides information and addresses issues of importance to minority individuals with mental illness
- Providing training to consumer organizations, providers, law enforcement, and universities.

- Providing speakers for the monthly Recovery Program at Greil Hospital.
- Publishing a free newsletter *LISTEN*, with a circulation of 5,000.
- Coordinating the department's peer support specialist program.

Initiatives for the year:

- Coordinated the 12th Annual Alabama Recovery Conference at Shocco Springs with attendance of over 850 with the majority being consumers.
- Participated in the Law Enforcement and Disabilities program (LEAD) and the Crisis Intervention Training Program at Auburn University at Montgomery and at the State Trooper Academy in Selma.
- Participated in statewide Case Managers Training sessions. Provided in-service training for Community Mental Health Centers and spoke on consumer issues and perspectives at the University of Alabama.
- Participated in the Recovery Program at Greil Hospital.
- Assisted in coordinating the Voice and Vision art exhibit at the Montgomery Museum of Fine Arts.
- Participated in town meetings held by CONTACT/Wings Across Alabama in Auburn/Opelika and Cullman.
- The Directions Council, which is made up of the leaders of consumer organizations around the state and serves as the advisory council for the Office of Consumer Relations. The Council provides consumer appointments to departmental committees and coordinates the Community Support Specialist Program, which connects peer support to individuals around the state with mental illness and substance abuse addiction.

OFFICE OF CERTIFICATION SERVICES

The Office of Certification Services performs compliance reviews on all covered entities to assure that they comply with standards of operation and treatment. In addition to conducting on-site reviews of provider organizations, the staff provides technical assistance to providers to enhance compliance with the standards. They also provide valuable input into the planning and development of new services.

Responsible for:

- Application of certification standards to covered community providers.
- Development of policies and procedures for the certification process and collaboration with other Divisions within the Department to assure a consistent and well-coordinated certification process.
- Participation in the creation of standards for new services and refinement of existing standards.

- Provision of technical assistance to current and potential providers to promote quality services.

Initiatives for the Year:

- Staff participated in the development of revisions to the administrative review process.
- The certification scoring process was refined to better reflect the performance of the providers.
- Reviews of new services were performed on an expedited basis to facilitate the development and implementation of new, critically needed services.

OFFICE OF PERFORMANCE IMPROVEMENT

The Office of Performance Improvement works to provide opportunities for input in DMH/MR performance improvement systems from consumers, family members, providers, consumer groups, advocacy organizations, and advocates. The Performance Improvement (PI) Office also measures standards of care and consumer satisfaction in facilities and community programs.

Responsible for:

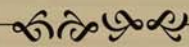
- Initiating, developing, and coordinating activities designed to enhance performance improvement efforts across the State's inpatient MI facilities and certified community programs.
- Organizing and coordinating the activities of the Mental Illness Performance Improvement Committee, PI Subcommittees, and Workgroups.
- Ensuring the measurement of key functions and processes to determine whether established standards of quality are met or exceeded in certified community programs and in inpatient MI Facilities.
- Facilitating the development of recommendations and actions, including but not limited to, changes in policies and procedures and standards of practice when trends, problems, or opportunities to improve care are identified.
- Providing education and technical assistance to facilities and community programs in order to assist in efforts to maintain accreditation and certification.
- Examining the performance of facilities and programs over time and utilizing benchmarking data for comparisons in order to improve services and outcomes.
- Ensuring that there is an ongoing process to provide meaningful opportunity for input on operation and improvement of the DMH/MR PI systems from consumers, family members, providers, consumer groups, advocacy organizations and advocates.
- Ensuring that the DMH/MR PI systems include consumer-oriented and person-centered standards.

Initiatives for the year:

- The MI PI Committee, in conjunction with NAMI Alabama, honored the staff of THSMF for their receipt of the National Gloria Huntley Award for exemplary practices in the management of aggressive behavior without the use of seclusion and restraint.
 - The MI PI Committee established two new performance measures for community programs including the "Suicide in the Community Indicator" and the "Elopement Under Commitment Order Indicator."
 - The MI PI Committee provided oversight to the Community MHSIP Survey process which was conducted in May 2004. Over 800 Adult, Youth, and Youth Family Satisfaction, Adult Life Satisfaction and Family Satisfaction Surveys were administered and analyzed.
 - The MI PI Office conducted over 30 on-site technical assistance visits to the MI facilities to assist in their efforts to ensure compliance with JCAHO accreditation and Medicaid/Medicare certification standards.
 - The MI PI Office conducted over 19 on-site technical assistance visits to the MI facilities to assist with the review of incident data, the development of risk reduction strategies, and other pertinent projects.
 - The PI Office conducted 11 on-site consultative visits to certified community providers to assist them with review of incident reporting standards, review and use of incident data and compliance with MI Community Continuous Quality Improvement (CQI) standards.
 - In August 2004, the PI Office presented a four part track at the annual workshop of the Council of Community Mental Health Boards on Conducting a Root Cause Analysis.
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FAMILIES SERVED BY THE DIVISION OF MENTAL ILLNESS IN FY 04





DIVISION OF MENTAL RETARDATION



Neighborhood group home in Montgomery where three clients enjoy independent living with supports.

DIVISION OF MENTAL RETARDATION SERVICES

COMMUNITY SERVICES

OFFICE OF COMMUNITY SERVICES

The *Wyatt* case influenced the downsizing of state facilities and the proliferation of community programs. To support those programs, the Office of Community Services is organized into five regions throughout the state. Each regional office is staffed with individuals who work in collaboration with local providers, 310 corporations, family support groups, and other entities to enhance services and assist individuals with mental retardation to develop skills that will enable them to be more self-sufficient and have greater self-esteem within their community.

Initiatives for the year:

- Established a central mechanism in conjunction with Data Management for effectively establishing, updating, monitoring, and managing a waiting list for individuals in need of services from the division. This system assures that individuals eligible for services are served in an established order starting with the highest criticality scaled score.
- Developed and implemented a rate setting or fee for service reimbursement system for community programs which established standard rates of payment to providers based on the needs of the individuals that they served. This standardized system of reimbursement ensures the fiscal equitability of the service delivery system.

- Financially supported the Alabama People First organization beyond the end of their Systems Change grant from CMS to allow more time for chapter organization and expansion of chapter development.
- Appointed the Office of Consumer Empowerment Director as a member to participate in all committees/task forces of the division.

REGION I COMMUNITY SERVICES

- Community Services staff assisted 46 individuals to move to the community homes or to the W. D. Partlow Developmental Center based on the preferences of the individuals and their families between 10/1/03 and 10/31/03, when the Lurleen B. Wallace Developmental Center closed.
 - Community Services staff and providers were trained in the areas of Person-Centered Planning and Positive Behavior Support by faculty and staff from the University of South Florida (USF).
 - Training was provided to Early Intervention programs by faculty and staff from the USF on how to work more effectively with children who have a diagnosis of Autism.
-

REGION II COMMUNITY SERVICES

- Community Services staff provided training to providers related to the Incident Prevention and Management Plan, Person-Centered Planning, The Role Case Managers, Waiver Application Packets, and the OBRA Process.
- Partnered with United Cerebral Palsy (UCP) in sponsoring several sessions of the Miracle Riders in April of 2004, which is a horse back riding program for persons with cerebral palsy.
- Co-sponsored an eight week camping program (Summer CARE Program) with UCP in June 2004.
- Assisted in planning the 3rd Annual Balloon Blast and Air Show that was sponsored by the Fayette/Lamar/Marengo Arc, along with the City of Fayette at Guthrie Park in Fayette, AL in August 2004.

Region III Community Services

- Community Services staff assisted 55 individuals to move to community homes or to Partlow Developmental Center based on the preferences of the individuals and their families between 10/1/03 and 3/1/04 when the Brewer-Bayside Developmental Center closed.
- Community Services staff assisted in the facilitation of four person-centered plans.
- Technical Assistance and training was provided to all Early Intervention programs.
- Community Services staff hosted the 25th Annual Spring Conference in Gulf Shores, May 19-21 with approximately 300 persons participating.

Region IV Community Services

- Community Services staff assisted 64 individuals to move to community homes or to Partlow Developmental Center based on the preferences of the individuals and their families between 10/1/03 and 1/15/04 when the J. S. Tarwater Developmental Center closed.
- Region IV Community Services staff hosted its 9th Annual Region IV Reunion in May of 2004, which was attended by approximately 600 persons.
- A new day services program was established in October in Lowndes County.

REGION V COMMUNITY SERVICES

- Staff assisted 23 individuals in obtaining residential services/placement.
- Developed three person-centered plans in conjunction with University of South Florida (USF) consultants.
- Began a Positive Behavior Support Initiative with USF.



Partlow is only state institution offering residential care after the consolidation and closure of three developmental centers.

MENTAL RETARDATION DEVELOPMENTAL CENTERS

During the first two quarters of FY 04, the Division of Mental Retardation implemented Commissioner Kathy Sawyer's plan to consolidate three developmental centers including the L. B. Wallace Developmental Center, the J. S. Tarwater Developmental Center, and the A. P. Brewer Developmental Center. Families with relatives living in one of the targeted centers were given the choice of having their relative move to W. D. Partlow Developmental Center, a community program, or their home with needed supports. The census in all of the developmental centers at the beginning of the consolidation efforts was 325. The Wallace Center closed on 10/31/03 with 46 individuals moving; the Tarwater Center closed on 1/15/04 with 64 individuals moving; and the Brewer Center closed on 3/1/04 with 55 individuals moving. The census of Partlow Center at the end of consolidation efforts was 200.

W. D. PARTLOW DEVELOPMENTAL CENTER

W. D. Partlow Developmental Center, the first residential facility in the State with services for individuals with mental retardation, was opened in 1923 in Tuscaloosa. With the closure of A. P. Brewer Center on 3/1/04, W. D. Partlow Developmental Center remained the only state-operated residential center in the state which served 200 individuals and employed over 550 staff at the end of FY 04. For those individuals who moved to Partlow as part of the consolidation plan, many families, friends, and staff assisted to ensure that the moves were accomplished in a positive and caring manner. Both Partlow and Regional Community Services offices provided transportation to families from the Decatur, Montgomery, and Mobile areas to visit their relatives who moved to Partlow.

- Partlow contracted with an expert from the University of Alabama-Birmingham to provide augmentative communication evaluations and to develop communication devices suited to individuals' abilities and needs.
- The Medical Services Department was enhanced significantly with the employment of a new medical director, two certified registered nurse practitioners (CRNPs), and two pharmacists. In addition, services were enhanced to individuals with formalized service arrangements with a renowned psychiatrist with expertise in the specialty areas of geriatrics and developmental disabilities services.
- The Center employed a doctoral level psychologist/behavior analyst to lead the development, expansion, and improvement of psychological and behavioral services.
- The Center's quality enhancement efforts resulted in a revised procedure for the review of incidents so that both daily and weekly reviews are conducted.
- A variety of recreational activities were held throughout the year, including the Annual Christmas Dance with wonderful decorations and refreshments, the wearing of tuxedos and gowns, and featuring a live band.
- A supervisory training curriculum was developed by Staff Development for front line supervisors to enhance their ability to be role models, as well as implement all applicable policies and procedures.

MENTAL RETARDATION SUPPORT SERVICES

OFFICE OF CONSUMER EMPOWERMENT

A major goal of the *Wyatt* litigation was to establish consumer rights and empowerment. The Office of Consumer Empowerment, directed by a consumer, is responsible for providing additional resources for self-advocacy and self-determination to individuals with cognitive developmental disabilities. The office provides leadership and support in helping these individuals achieve inclusion in the community and more independence.

Responsible for:

- Establishing statewide newsletter and brochures for People First and Consumer Empowerment.

- Establishing an infrastructure for consumer input for consumers with mental retardation and/or developmental disabilities.
- Providing transportation, training, and technical assistance at consumer meetings.
- Conducting quarterly grassroots meetings across the state.

Initiatives for the year:

- Continued training in the area of self-determination through People First chapters.
- Developed resources for initiative continuation through Alabama Developmental Disabilities Planning Council funding proposal for their exploration of partnerships with universities, Arc's, and others.
- Conducted a public awareness program for law enforcement personnel.
- Trained staff in the area of Social Role Valorization with contract personnel.
- Conducted leadership training for Alabama People First officers.
- Conducted a presentation at the national Re-inventing Quality Conference sponsored by NASDDDS.



Keith and his family regularly attend meetings and workshops sponsored by the Office of Consumer Empowerment. He is a registered voter, has a job, and enjoys managing his own money. He is looking forward to sitting in on classes at Faulkner University.



The CSS Team approach received national attention in the February 04 edition of *Governing Magazine* for its innovative deliverance of a combination of psychiatric and medical care through regional offices.

- Provided Safe-Place training at two conferences within the state.
- Presented the "Tool Kit" to People First leaders, which is a package of information used to assist in the area of chapter development.

OFFICE OF PSYCHOLOGICAL AND BEHAVIORAL SERVICES

The Office of Psychological and Behavioral Services develops, implements, and monitors the division's overall psychological and behavioral services in the Partlow Developmental Center, five regional community services offices, and their community service providers (CSP). In addition, the office supervises the activities of three Comprehensive Support Services teams (CSS) throughout the state. The CSS teams were developed as part of the consolidation plan to provide support to people in the areas where the developmental center closed. This initiative received national acclaim in the February 04 edition of *Governing Magazine*.

Responsible for:

- Establishing and supervising three Comprehensive Support Services Teams comprised of professional staff who serve individuals with severe behavioral, psychiatric, dental, and/or medical challenges.
- Developing behavioral guidelines that outline the minimum

requirements for providing behavioral services to individuals with mental retardation.

- Providing training and technical assistance within a behavior analytic framework to both state and community agency staff.
- Developing guidelines regarding the medical, psychiatric, and dental care needed by individuals with mental retardation in order to assist physicians, psychiatrists, and dentists in the community.

Initiatives for the year:

- Comprehensive Support Services (CSS) Teams were formed in each of the three regions where the Development Centers were closed. Each team includes a Ph.D. (Team Leader) Psychologist/Behavioral Specialist, a MS Psychological Associate, a MS Children's Case Manager, two BS Psychological Assistants, a Primary Care Physician, a Psychiatrist, and a Dentist. The three teams serve the entire state.
- CSS Teams provided a variety of consultation and direct services for a total of 301 consumers during the year. Ninety-seven individuals received multiple services. There were 71 active cases at the end of the fiscal year.
- CSS Behavioral Staff provided 438 behavioral services to 168 consumers. The services were provided mainly to adults, but also to 11 children in a variety of settings.

- The CSS Primary Care physicians, psychiatrists, and dentists provided services for 49, 74, and 73 consumers, respectively. Services were provided in a variety of settings, including community group homes, family homes, community day programs, community medical/dental offices, and CSS clinics or offices.
- CSS Behavioral Staff conducted 122 training sessions for community providers.
- The Office helped design a brochure describing the services offered by CSS. The brochure was distributed to community service providers in order to make them aware of the CSS services.

OFFICE OF COMMUNITY CERTIFICATION

The Office of Community Certification conducts on-site reviews of community programs which provide services to consumers with mental retardation. In FY 04, more than 70 certified providers offered services to consumers in over 1,000 sites throughout the state. The certification program reviews are designed to ensure that services are of the highest quality.

Responsible for:

- Developing and implementing community program standards.
- Reviewing new provider applications.
- Preparing written reports of findings and recommendations from on-site certification reviews.
- Serving on the DMH/MR Certification Task Force.
- Establishing and maintaining a Standards Review Committee.
- Serving on the DMH/MR's Quality Council.

Initiatives for the year:

- Met with the Alabama Board of Nursing on several occasions to request consultation and action in developing regulations which would govern medication assistance by direct support workers in group homes.
- Reconvened the Standard Revision Committee as a means to give providers input into the development of a new Standards for Community Programs manual.
- Provided training to Regional Community Services nurses on "Physical Assessment of Consumers in Community Settings."
- Participated on a training panel at the Council's annual meeting with the focus on the areas of dysphasia and aspiration pneumonia.
- Conducted training sessions for community providers in the area of "Conducting Serious Incident Investigations."
- Developed and conducted training sessions for Regional Community Certification staff on the orientation manual for Standards for Community Programs.
- Established a data base which summarizes the most frequently occurring citations from site visits conducted by certification staff.

OFFICE OF QUALITY ENHANCEMENT

The Office of Quality Enhancement (QE) implements and monitors the division's quality enhancement programs for the state developmental center and for the community service provider network throughout the state.

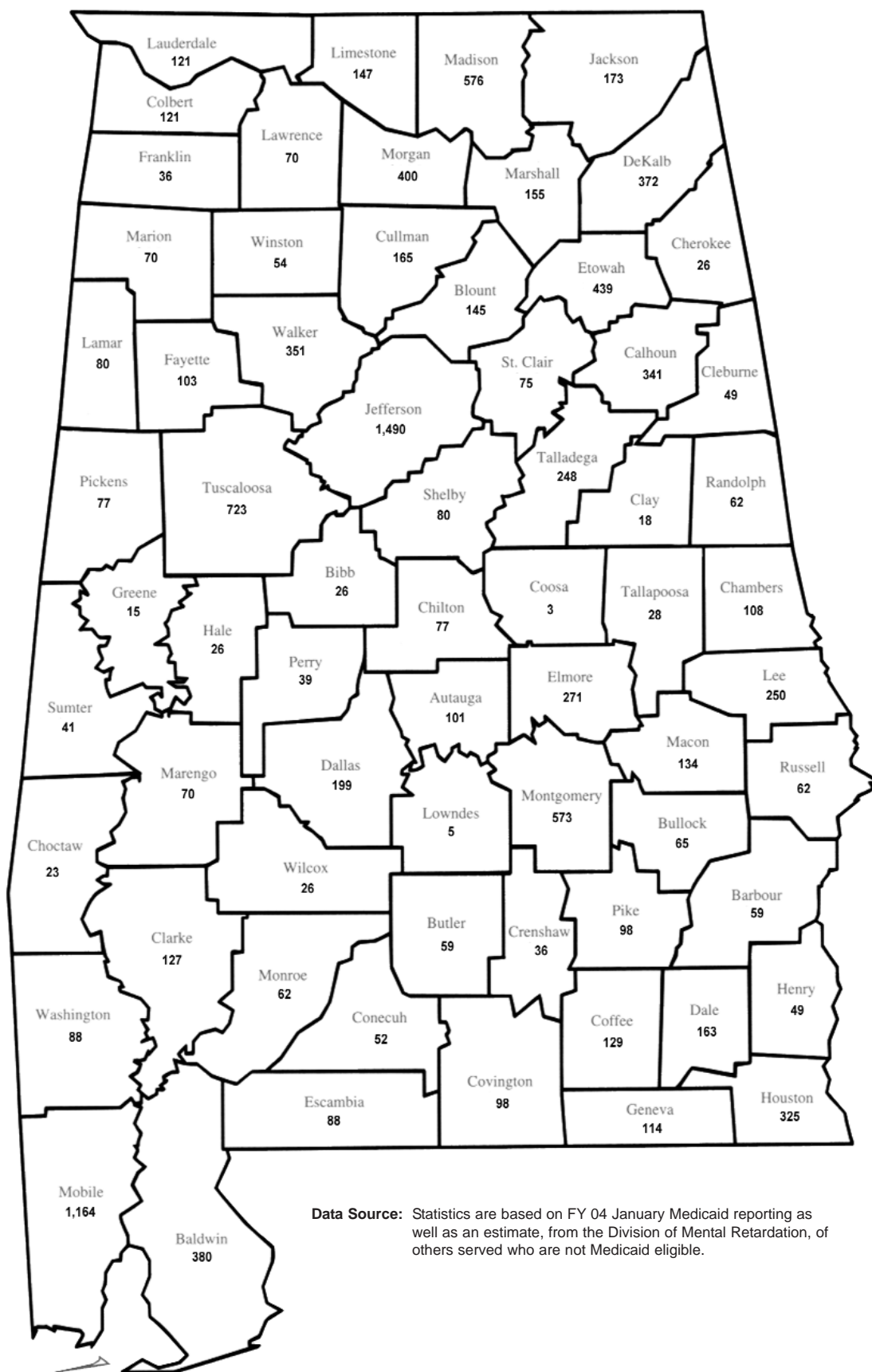
Responsible for:

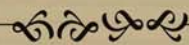
- Developing, implementing, and monitoring the division's overall Quality Enhancement Program.
- Establishing an Incident Prevention and Management System which ensures that providers have a mechanism to internally monitor incident trends.
- Increasing the utilization and application of consumer-driven principles through training of "person-centered" planning processes.
- Facilitating the development of quality enhancement plans in the areas of program evaluation, plan development, and data analysis.

Initiatives for the year:

- Participated in the National Indicators Project as a means to assess the satisfaction levels of consumers and families.
- The Quality Enhancement Council met quarterly to review incident information from the state-operated developmental centers and community programs.
- Over 400 consumer satisfaction surveys were administered for participation in the National Indicators Project.
- Conducted 162 pre/post satisfaction surveys for individuals moving from state-operated developmental centers to community programs and Partlow as part of consolidation efforts.
- Conducted a pre/post satisfaction survey for approximately 95 families for individuals moving from state operated developmental centers to community programs and Partlow as part of consolidation efforts.
- Completed a two-year Mortality Review report for calendar years 2002-2003 comparing mortality information for Alabama with national data.
- Monitored the implementation of the QE plan entitled "A Pathway Beyond Compliance" to ensure completion of identified quality activities.
- Regional QE staff and RCS staff participated in a "Train the Trainer" person-centered planning model in conjunction with contracted faculty and staff from the University of South Florida. The number of Person Centered Plan's developed and implemented increased over 200% during the year.
- Sponsored training/workshop efforts in area of Social Role Valorization for division staff, community providers, and administrative staff, and families.
- Developed and implemented a standardized Incident and Prevention Management System for community programs for monitoring and managing 26 types of reportable incidents, including investigations of allegations of abuse, neglect, mistreatment, and exploitation.

FAMILIES SERVED BY THE DIVISION OF MENTAL RETARDATION IN FY 04





DIVISION OF SUBSTANCE ABUSE SERVICES



Governor Riley visits the L.I.F.E. Tech facility located at the former site of the J. S. Tarwater Developmental Center. L.I.F.E. Tech serves as a substance abuse treatment and transition center for women being paroled from Julia Tutwiler Prison for Women.

DIVISION OF SUBSTANCE ABUSE SERVICES

The Division of Substance Abuse Services contracts with community providers who provide services for thousands of Alabamians per year who have substance abuse problems. Addiction and substance dependency knows no demographic or socioeconomic bounds. Although the department has no addiction treatment facilities, it maintains strict certification standards and plays a significant role in providing funding for a large number of community prevention and treatment programs.

Overall initiatives for the year:

- DMH/MR received a \$200,000 grant from the Robert Wood Johnson Foundation Resources for Recovery Project, which is designed to formalize relationships with other state agencies; develop and define the assessment process including placement criteria, etc.; and optimize Medicaid reimbursement.

- Governor Bob Riley issued Executive Order #23, which created the Alabama Commission of the Prevention and Treatment of Substance Abuse. The Commission is charged to develop recommendations designed to foster collaboration, efficiency, and effectiveness among all state agencies regarding substance abuse activities.
- Initiated the Substance Abuse Systems Improvement Initiative which is designed to make Alabama's substance abuse system "One of the Best in the Nation." This initiative is focused on four main goals: outcome measurement; definition of a core set of services; capacity management; and enhancement of the advocacy support organizations.
- Alabama received a State Incentive Grant (SIG) which is designed to transition the prevention efforts from current Substance Abuse Prevention and Treatment Block Grant to the new Performance Partnership Block Grant. The grant is for \$3 million per year for three years and is administered through the Alabama Department of Economic and Community Affairs (ADECA).
- Developed the Alternative Use Section of the DMH/MR Consolidation and Closure Plan. The Alternative Use Plan described the partnership with the Alabama Board of Pardons and Paroles to develop transitional centers for parolees leaving the correctional system.
- Issued a \$375,000 request for proposals seeking community substance abuse treatment services for adult males who were either going to prison or who were being released from prison. Three contracts were awarded: RAPHA House, Gadsden; Fellowship House, Birmingham; and Aletheia House, Birmingham.
- Alabama was selected as one of ten states to attend the National Co-occurring Police Academy in Baltimore, Maryland.
- First Lady, Mrs. Patsy Riley, as part of the "National Teach In," made a presentation at a local Montgomery school on the effects and dangers of alcohol and other drug abuse.

COMMUNITY TREATMENT PROGRAMS

METHADONE SERVICES

The State Methadone Authority of the Substance Abuse Services Division conducts annual reviews of all methadone treatment programs for compliance with the Substance Abuse Program Certification Standards. Approximately 4,000 consumers received services from 20 clinics certified to provide methadone maintenance treatment.

Responsible for:

- Maintaining a central registry for all consumers enrolled for methadone treatment.
- Acting as a liaison between other agencies associated with the regulation of methadone treatment.
- Acting as a liaison between other State Methadone Authorities regarding state border issues.
- Handling consumer complaints.
- Providing ongoing technical assistance to contract service providers.

Initiatives for the year:

- Ensured that all methadone clinics in Alabama are state certified and nationally accredited.

OFFICE OF PERFORMANCE IMPROVEMENT

The Office of Performance Improvement implements the Substance Abuse Continuous Quality Improvement Plan (SACQIP) for certified providers. The activity is designed to identify and assess processes and outcomes and to improve the treatment services by substance abuse providers.

Responsible for:

- Implementing the Substance Abuse Continuous Quality Improvement Plan.
- Coordinating substance abuse training.
- Coordinating the Alabama School for Alcohol and Other Drug Studies.
- Serving as Alabama's coordinator for the Southeastern School of Alcohol and Other Drug Studies.

Initiatives for the year:

- Coordinated the Alabama School for Alcohol and Other Drug Studies (ASADS) at the Bryant Center in Tuscaloosa with an attendance of 579.
- Coordinated Alabama's participation in the Southeastern School of Alcohol and Other Drug Studies at the University of Georgia and sponsored attendance of 26 community treatment providers and prevention programs and employees.
- Partnered with the Mental Illness Division and the Southern Coast Addiction Technology Transfer Center to develop and conduct co-occurring training for 199 substance abuse and mental illness clinicians employed by forty community provider agencies.
- Trained 85 community staff in substance abuse case management.
- In response to Hurricane Ivan, the Substance Abuse and Mental Illness Divisions partnered to develop and deliver FEMA Crisis Training to 68 community crisis workers. The

Chief of the Substance Abuse Office of Performance Improvement was named Training Coordinator.

- Partnered with the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment, the Center for Disease Control, the National Center for HIV, STD and TB, and the Health Services Administration to provide cross training for collaborative systems of prevention treatment and care. A total of 25 people were participants in this training.

OFFICE OF CERTIFICATION

The Office of Substance Abuse Certification conducts on-site reviews of substance abuse treatment programs pursuant to Alabama state law. Over 85 certified substance abuse providers offer services to consumers in excess of 180 different locations in the state. The certification program reviews are designed to ensure quality of the overall agency/organization and to ensure consumer care is maintained at a premium. The Office of Certification provides on-site technical assistance and consultation to treatment providers in all areas of substance abuse services. The certification team serves as a regulatory authority, but also maintains a close working relationship with each provider in an effort to promote cooperation and collaboration.

Responsible for:

- Determining Medicaid provider eligibility status for community substance abuse program staff.
- Developing and implementing substance abuse program standards.
- Preparing written reports of findings from on-site certification reviews.
- Reviewing new service applications for applicability and content.
- Serving as the division's representative on the Multiple Needs Child Review Committee.
- Serving as the division's representative on the National Treatment Network.
- Serving as one of the Substance Abuse Division's representatives on the DMH/MR Certification Task Force.

Initiatives for the year:

- Provided direct support to substance abuse providers in the form of technical assistance and certification program reviews.

OFFICE OF RESEARCH, EVALUATION, & INFORMATION

The Office of Research, Evaluation, & Information is responsible for the integrity of the automated data systems within the division, as well as training and technical assistance to all contract providers.

Responsible for:

- Data collection, analysis, and reporting.
- Annual "Client Admission Profile" publication.
- Annual "Residential Waiting List" publication.
- Public information and research assistance.
- Maintaining constant contact with individual service providers to address issues pertaining to data collection software.

OFFICE OF PREVENTION

The Office of Prevention is responsible for community substance abuse prevention initiatives that provide comprehensive approaches to service delivery. A prevention planning process is underway that will analyze and plan effective prevention programs and services within the state.

Responsible for:

- Assessing the readiness of the community and mobilizing the community to take action.
- Assessing the levels of risk factors and protective factors in the community.
- Applying "best practices" and "guiding principles."
- Evaluating the prevention program or strategy implemented.
- Providing youth drug prevention programs for high-risk youth.

Initiatives for the year:

- Alabama's implementation of the Strategic Prevention Framework (SPF) process established by Substance Abuse and Mental Health Service Administration (SAMHSA). SAMSHA's Strategic Prevention Framework is based upon five key principles:
 1. Prevention is an ordered set of steps along a continuum to provide individual, family, and community health, prevent mental and behavioral disorders, support resilience and recovery, and prevent relapse.
 2. The common components of effective prevention for the individual, family, or community are placed within the ramifications of the public health model.
 3. Common risk and protective factors exist for many substance abuse and mental health problems. Good prevention focuses on factors that can be altered.
 4. Systems of prevention work better than service silos. Researchers and communities working together produce more effective prevention strategies.
 5. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effectiveness of prevention efforts.

The Office plans to fully implement the SPF within the next three years.

- A new 310 Board Prevention Planning Process was implemented to begin the prevention transformation.

OFFICE OF CONTRACTS AND GRANTS

The Office of Contracts and Grants is responsible for preparing and maintaining the division's annual budget, contracts, and financial reports.

Responsible for:

- Linking state and Federal resources directly to services provided in the community and furnishing information to support the Federal block grant.
- Collecting client service data.
- Processing vouchers.
- Conducting financial desk audits.
- Assisting providers with subcontracts, grant applications, and financial issues.

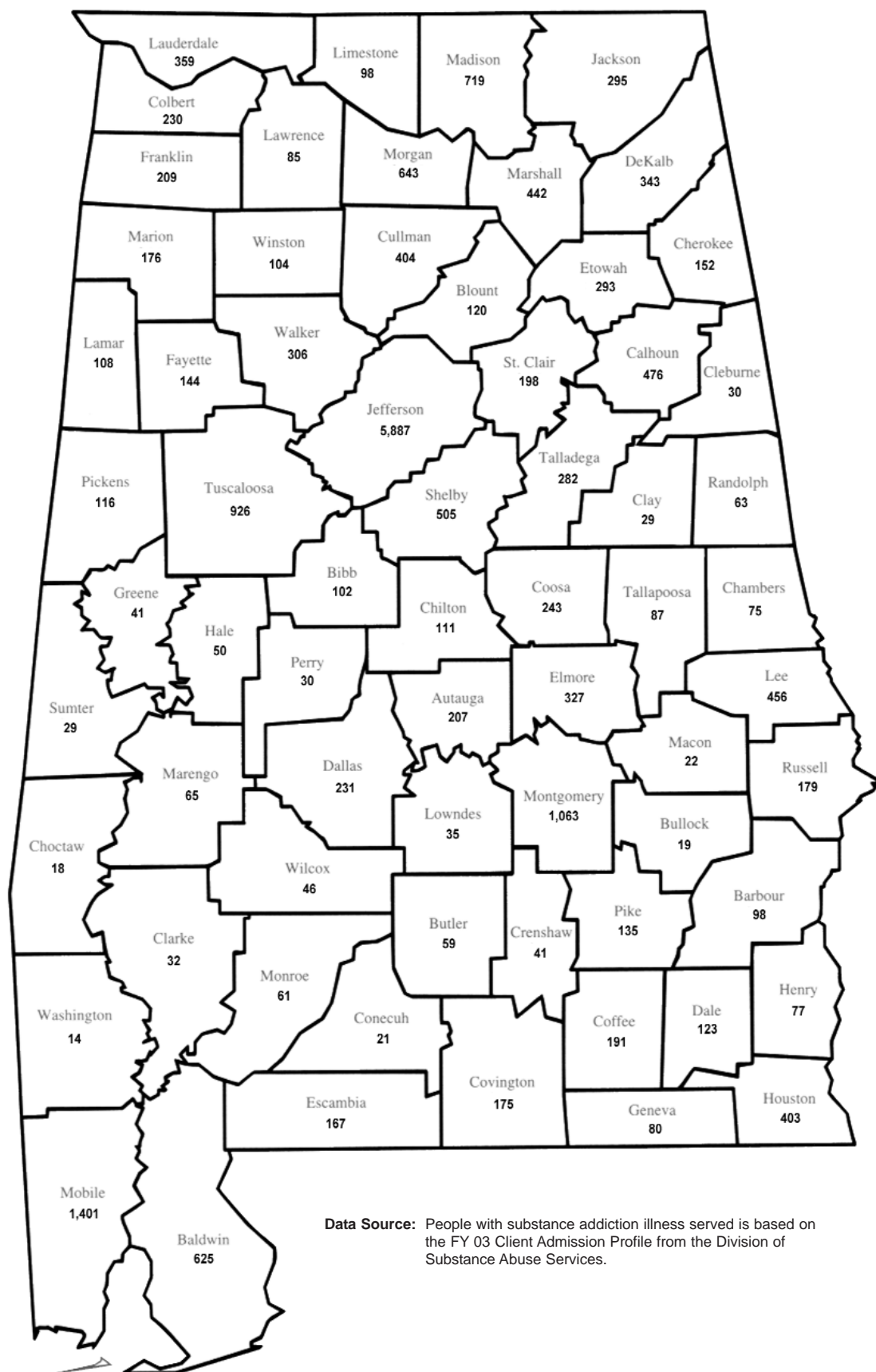
Initiatives for the year:

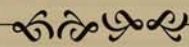
- Consistently monitored and fine-tuned the Substance Abuse automated billing system, resulting in compliance with the Substance Abuse & Mental Health Services Administration's block grant requirements. Due to these administrative efficiencies, the Office received a perfect audit from the Alabama Examiners of Public Accounts.



Alcohol is still the number one reported substance problem in Alabama. Proportionally, common substance addictions treated in Alabama include: alcohol 31%, marijuana 28%, cocaine/crack 21%, and Methamphetamine 8%.

FAMILIES SERVED BY THE DIVISION OF SUBSTANCE ABUSE SERVICES IN FY 04





DIVISION OF ADMINISTRATION

DIVISION OF ADMINISTRATION

THE OFFICE OF FINANCE AND ACCOUNTING OPERATIONS

The Offices of Finance and Accounting Operations coordinates and provides centralized accounting, financial, and payroll services for the Department.

Responsible for:

- Producing financial reports and performing analyses.
- Maintaining the department's accounting records.
- Processing purchase orders and contract, vendor, and state agency payments.
- Providing financial management of contracts and federal awards.

Initiatives for the year:

- Processed cash receipts for revenues.
- Provided trend analysis and financial data to formulate the Consolidation Plan for the closure of six state facilities.
- Assisted the Commissioner in the preparation of the department's future FY 05 budget presentation to the Governor and legislature.

THE OFFICE OF COMPENSATION SERVICES

The Office of Compensation Services provides assistance for personnel in payroll deduction, insurance, and other related payroll activities for all DMH/MR facilities.

Responsible for:

- Directly processing payroll for Central Office, Greil Hospital and MR Regional Offices.
- Coordinating employee health insurance benefits.
- Developing payroll procedures and policies.
- Processing authorized deductions from paychecks, including tax deposits.
- Processing employees' applications for retirement benefits.
- Issuing and distributing W-2 and W-4 forms for employees and contract vendors.

Initiatives for the year:

- Actively involved with the consolidation efforts. Prepared fact sheets that addressed employees' questions about timing of payments, health insurance coverage continuation, etc.
- Participated and made presentations during job fairs.
- Assisted in the securing and relocation of personnel/payroll records in conjunction with numerous employee transfers due to the Consolidation Plan.



The Bureau of Data Management provides computer and information system services for the department. The Bureau plays a vital role in administrative and healthcare delivery functions of the Central Office and the facilities.

- Prepared and distributed over 83,681 paychecks for more than 3,132 regular employees and contract employees.

BUREAU OF DATA MANAGEMENT

The Bureau of Data Management provides information system services, including data, communication, video, and installation/configuration of hardware for the DMH/MR Central Office and the department's facilities. The Bureau management staff provides essential information technology support services to ensure that the Mental Health/Mental Retardation/Substance Abuse delivery systems operate as efficiently as possible.

Responsible for:

- The department's custom reports from the state's Financial Resources Management System (FRMS).
- The in-house developed Comprehensive Mental Health and Mental Retardation Information System (CARES).
- The Alabama Community Services Information System (ACSIS).
- Patient/client payroll, Medicaid payment processing, property inventory, OBRA and other custom applications.

- The monitoring and coordination of the maintenance support for the department's video surveillance system installed in DMH/MR facilities.
- Installation and configuration of computers/printers within the DMH/MR Central Office and Greil Hospital. As resources permit, the Division of Mental Retardation Community Program regional offices are also supported.

Initiatives for the year:

- Completed the implementation of the new DMH/MR Facility Pharmacy System (WORx) at all DMH/MR facilities.
- Involved in securing and monitoring the DIG II Federal Grant activities.
- Ensured that the DMH/MR remains HIPAA compliant in accordance with Federal regulations regarding Electronic Data Interchange (EDI) regulations.
- Migrated DMH/MR business applications to client/server environments as resources permit.
- Continued to provide technical and logistical support for DMH/MR's data and communications requirements, including input/output devices connected to the network.



The Office of Staff Development provides training modules for administrative and clinical staff. It is an approved continuing education sponsor of the American Psychological Association.

BUREAU OF HUMAN RESOURCES MANAGEMENT

The Bureau of Human Resources Management assesses personnel needs and recruits the most qualified and professional workforce to meet those needs. Employee performance appraisals, wage and class studies, the review and development of departmental policies and procedures, as well as, evaluation of applicant recruitment and employee retention are central to the bureau's mission.

Responsible for:

- Evaluating applicant recruitment and employee retention.
- Reviewing and developing departmental personnel-related policies and procedures.
- Wage and class studies.
- Employee performance appraisals.
- Selection procedures.
- Applicant tracking systems.

Initiatives for the year:

- Formed focus group to strengthen recruitment and retention of psychiatrists.
- Evaluated salary and job functions of nurse and pharmacist classifications to improve recruitment, selection, and retention of qualified applicants.
- Updated and implemented plan for diversity.
- Created Web Page to assist displaced employees affected by the consolidation plan.
- Established MH Interpreter and MH Specialist positions to ensure the provision of culturally affirmative services at the Bailey Deaf Services Unit at Greil Hospital.

THE OFFICE OF STAFF DEVELOPMENT

The Office of Staff Development provides opportunities for training that will enhance job performance. The primary mission is coordinating and delivering training and educational programs and activities department-wide, facilitating activities for Continuing Education and other certification credits, as well as serving as the central repository for system-wide training records.

Responsible for:

- Planning, developing, coordinating, and/or conducting training activities, special programs, employee orientation sessions, meetings, and other educational activities.
- Providing opportunities for DMH/MR employees, community programs, and other community providers to participate in activities that aid in the maintenance of professional licenses and certifications. The Alabama Department of Mental Health and Mental Retardation is approved as a provider of:
 - Continuing education for nursing, social workers, certified counselors, and psychologists.

Initiatives for the year:

- Assisted in coordinating the "Health Disparities Conference" held in October 2004 in Tuskegee, Alabama.
- Completed annual requirements, reports, and applications for continuing education provider accreditation for the year for the following disciplines: counseling, nursing, psychology, and social work. DMH/MR, through the office of Staff Development, was awarded a Five-Year Full Approval by the American Psychological Association (APA) on September 1, 2003.
- Developed a cultural competency plan and revised the cultural competency training module for the DMH/MR. Through collaboration with facility committee representatives, the revised training module included the "Patient Diversity and Beyond..." video tape for each facility, training manuals, and a video production provided on both VHS and DVD for trainers' use.
- Conducted Serious Incident Investigations Training system-wide using certified DMH/MR trainers.
- Coordinated and/or conducted 255 training activities resulting in the following Continuing Education certificates:

Counseling	566
Nursing	1,100
Psychology	244
Social Work	909
Nursing Home Administration	54
General Attendance	1,885

OFFICE OF CERTIFICATION

More than 95% of Alabama consumers with mental disabilities are served by community contract providers. The Office of Certification is responsible for inspecting and certifying all community facilities and providing technical assistance for code compliance for all renovations or new construction projects for facilities that are already certified or will be seeking certification from the Department.

Responsible for:

- Compiling comprehensive site visit reports and certificates for distribution.
- Reviewing plans and specifications from architects for construction or renovation projects and responding accordingly.
- Providing technical assistance to the department's state-operated facilities.

Initiatives for the year:

- Conducted over 3,962 inspections and reviews.
- Reviewed plans and specifications for over 13 construction/renovation projects.

- Conducted an on-site review of projects at Searcy Hospital, Partlow Developmental Center, and L.B. Wallace Developmental Center.
- Performed life safety reviews at Searcy Hospital.



The Omnibus Budget Reconciliation Act of 1987 requires all applicants and residents of Medicaid certified nursing facilities to be screened for mental illness or mental retardation. The Office of Pre-Admission Screening (OBRA) screened over 41,000 applicants in FY 04.

OFFICE OF PRE-ADMISSION SCREENING

The Office of Pre-Admission Screening is federally mandated by the Omnibus Budget Reconciliation Act of 1987. This act requires all applicants and residents of Medicaid certified nursing facilities to be screened for suspected mental illness and mental retardation/related condition. This act also requires all applicants and residents of Medicaid-certified nursing facilities with mental illness and mental retardation/related condition to be evaluated for specialized service and level of care needs.

Responsible for:

- Screening individuals for suspected mental illness and mental retardation/related conditions for placement and continued stay in a Medicaid-certified nursing facility.
- Conducting quality assurance reviews for nursing facility referrals to confirm the presence or absence of suspected mental illness and mental retardation/related condition based on medical and psychiatric records to alleviate the need for further evaluation.

- Evaluating individuals with a confirmed diagnosis of mental illness or mental retardation/related conditions to determine specialized service needs, levels of care and nursing facility eligibility.
- Tracking nursing facilities' placement of individuals evaluated for and confirmed with mental illness and mental retardation/related conditions.
- Providing technical assistance and training regarding OBRA regulations.
- Providing appeal hearings for individuals adversely affected by the results of the pre-admission screening evaluation findings.
- Serving as program liaison with the Medicaid Agency.

Initiatives for the year:

- Screened 41,021 applicants and residents for suspected mental illness and mental retardation/related conditions.
- Conducted 535 quality assurance reviews to confirm a diagnosis of a mental illness or mental retardation/related condition.
- Conducted 5,459 clinical reviews/evaluations for nursing facility eligibility and placement.
- Conducted 27 training sessions for nursing facilities, hospitals, and other health care facilities.
- Continued efforts to improve OBRA procedures to expedite the referral process.

OFFICE OF CONTRACTS

The Office of Contracts is a new office developed in FY 04 and fully staffed in early FY 05. The Office expedites the contracting process, and saves time and money by using the electronic method of sending/receiving information on contracts.

Responsible for:

- Issuing Requests for Proposals (RFP) required for professional service contracts for all facilities and Central Office.
- Obtaining appropriate signatures on all contracts as required.
- Issuing all contracts and amendments to contractors and reviewing them when returned for consistency with the approved format language.
- Reviewing and approving all vouchers for community contract payments and submitting them to Finance for payment.
- Monitoring and analyzing contract data submitted by providers to see if the contract is being utilized as planned.
- Preparing amendments as needed to match funding with services.
- Mailing copies of finalized contracts to the contractors.

Initiatives for the year:

- Transformed the contract process to electronic signatures and eliminated expensive and time consuming paper medium.
- Continue to educate the facilities and Central Office staff about the Contracts Office and the services it provides.

OFFICE OF LAND AND ASSET MANAGEMENT

The Department of Mental Health and Mental Retardation (DMH/MR) has significant real estate holdings throughout Alabama. The Office of Land and Asset Management oversees DMH/MR land and physical plant assets.

Responsible for:

- Developing and managing a comprehensive departmental Land-Use Plan.
- Negotiating and renewing leases.
- Maintaining inventory of DMH/MR lands.
- Managing contracts related to major construction at DMH/MR facilities and for projects of the Mental Health Finance Authority. During FY 04, the cost of construction projects totaled \$3.0 million.

Initiatives for the year:

- Completed a complex roofing project at North Alabama Regional Hospital.
- Began renovation work at Greil Hospital for a deaf services unit.
- Completed a Safety Engineering Study of Lake Partlow Dam.
- Began the process to expand the Robinson Bend coalbed methane gas lease.
- Initiated a \$1.7 million bathroom renovation project at Searcy Hospital.

ADMINISTRATIVE SERVICES

Departmental printing, mail, and the logistics of distributing office supplies are coordinated by the Administrative Support Services.

Responsible for:

- Providing technical assistance for printing needs.
- Mailroom functions.
- Managing the distribution of office supplies.

Initiatives for the year:

- Developed a "copy center plan" for the Central Office and its copying and printing needs.
- Continued to assist in standardizing facility forms.

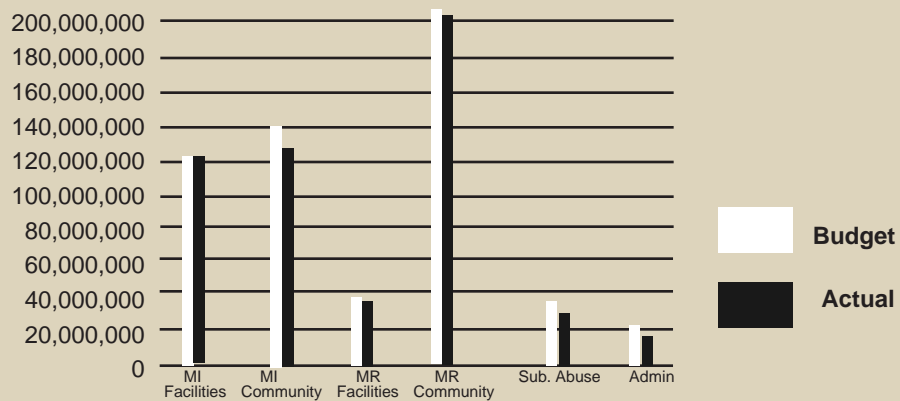
**DEPARTMENT OF MENTAL HEALTH & MENTAL RETARDATION
EXPENDITURES AND ENCUMBRANCES
FY 04**

MI FACILITIES	FY 04 Budget	FY 04 Actual	Percent of Actual Budget
Bryce.....	43,257,688	43,227,660	99.93%
Searcy.....	30,269,264	30,157,972	99.63%
Hardin.....	10,712,326	10,712,323	100.00%
Thomasville.....	5,469,138	5,437,115	99.41%
Greil.....	8,645,688	8,519,276	98.54%
North AL.....	9,782,350	9,765,376	99.83%
Allen.....	1,845	1,257	68.13%
Kidd.....	7,544,426	7,539,837	99.94%
Harper.....	10,179,367	10,175,357	99.96%
Box.....	904	903	99.89%
TOTAL	125,862,996	125,537,076	99.74%

MR FACILITIES			
Partlow.....	28,287,424	28,091,937	99.31%
Wallace.....	2,367,133	2,283,156	96.45%
Brewer.....	4,754,736	4,568,130	96.08%
Tarwater.....	3,786,168	3,256,972	86.02%
TOTAL	39,195,461	38,200,195	97.46%

COMMUNITY PROGRAMS			
Mental Illness.....	143,311,731	133,345,724	93.05%
Substance Abuse.....	37,800,614	31,108,361	82.30%
Mental Retardation...	219,259,865	208,620,519	95.15%
TOTAL	400,372,210	373,074,604	93.18%

Central Admin			
TOTAL	22,613,495	18,364,869	81.21%
GRAND TOTAL	588,044,162	555,176,744	94.41%



**DEPARTMENT OF MENTAL HEALTH & MENTAL RETARDATION
GENERAL OPERATING REVENUE
FY 04**

	FY 04 Budget	FY 04 Actual	Difference Actual vs. Budgeted Amount	Budgeted Budget
STATE REVENUES				
Tobacco Settlement.....	5,004,659	3,111,280	(1,893,379)	62.17%
Special Education Trust Fund.....	17,295,098	17,295,098	0	100.00%
Special Mental Health Fund.....	141,234,362	141,234,362	0	100.00%
State General Fund.....	98,035,523	98,035,523	0	100.00%
Indigent Offenders Treatment.....	127,000	115,000	(12,000)	90.55%
Judicial Fines.....	0	81	81	-----
TOTAL	261,696,642	259,791,344	(1,905,298)	99.27%

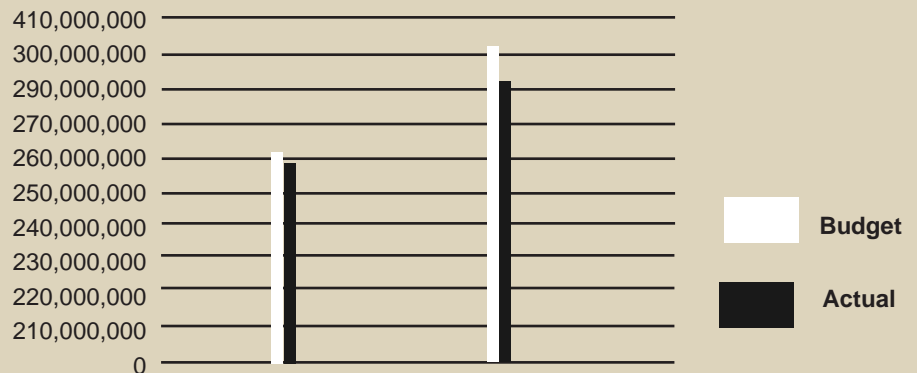
FEDERAL, LOCAL, MISC. REVENUES

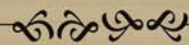
Other Income.....	7,909,689	7,059,622	(850,067)	89.25%
Restricted Funds Donated.....	7,175,000	4,724,706	(2,450,294)	65.85%
Medicaid, Title XIX Facilities.....	40,397,290	39,563,164	(834,126)	97.94%
Medicaid, Title XIX MR Community.....	142,893,594	137,541,369	(5,352,225)	96.25%
Medicaid, Title XIX MI Community.....	63,008,967	55,965,858	(7,043,109)	88.82%
Medicaid, Title XIX Sub Abuse Community.....	1,479,365	2,037,370	558,005	137.72%
Medicaid, PL 100-203 OBRA.....	476,642	475,077	(1,565)	99.67%
Medicare.....	9,452,261	9,364,553	(87,708)	99.07%
Federal Block Grants.....	37,509,464	27,417,038	(10,092,426)	73.09%
Other Federal Grants.....	14,545,248	9,736,645	(4,808,603)	66.94%
TOTAL	324,847,520	293,885,402	(30,962,118)	90.47%

OTHER ITEMS

Departmental Receipts.....	1,500,000	1,500,000	0	100.00%
TOTAL	1,500,000	1,500,000	0	100.00%

GRAND TOTAL	588,044,162	555,176,746	(32,867,416)	94.41%
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COMMISSIONER'S OFFICE, BUREAUS, & CENTRAL OFFICE SUPPORT

COMMISSIONER'S OFFICE, BUREAUS, & CENTRAL OFFICE SUPPORT

THE OFFICE OF LEGISLATIVE & CONSTITUENT AFFAIRS

The Office responds to constituent inquiries across the state on mental health matters. The Office monitors, develops, and negotiates legislation that may impact department services.

Responsible for:

- Performing legislative liaison duties when the Legislature is in regular or special session.
- Reporting on any legislation of interest to the department.
- Responding to inquiries from constituents across Alabama via written and/or telephone communication.
- Coordinating with the Governor's Office on Constituent Affairs and with Legislators is also a responsibility of the Office.

Initiatives for the Year:

- During FY 04, the number of constituent requests referred to this office was approximately 150.
- The department was successful in acquiring an exemption for psychotropic medications from Medicaid's limited drug list.
- Worked with elected officials on issues related to the consolidation/closure of state facilities.
- Worked with the Legislature on budgetary challenges facing the department.

THE OFFICE OF RIGHTS PROTECTION & ADVOCACY SERVICES

The *Wyatt* case essentially established consumer rights and minimum standards of care. In 1989, the Office of Rights Protection & Advocacy Services was established to provide a quick response advocacy network for consumer concerns.

Consumers across the state benefit from the services provided by the 26 certified advocates of The Office of Rights Protection & Advocacy Services. Persons who are residents of all state facilities, as well as individuals who are served in community programs, may contact these internal advocates at any time for advice and/or concerns.

Responsible for:

- Providing a quick and thorough response to consumer concerns.
- Providing "systems advocacy services" (i.e., Rights Awareness Training, Inter-Agency Collaborations, and Rights Compliance Monitoring) and "individual advocacy services."

Initiatives for the Year:

- Maintained a 24-hour toll-free Advocacy access line seven days per week. In FY 04, the office received 6,346 consumer calls.
- In FY 04, advocates conducted 1,877 unannounced site visits of community-based programs, 416 monitoring visits of DMH/MR operated facilities, and 179 investigations of possible rights violations.
- Performed 289 training programs on rights-related issues, handled 5,296 information and referral requests, and participated in 6,036 rights-related meetings.
- Provided training to consumers and service providers on voting rights and new voter identification requirements.
- Monitored the consolidation/closure process to ensure the protection of consumer rights.
- The State Advocacy Advisory Board studied and made recommendations to DMH/MR administration on a number of rights-related issues such as: Surrogate Decision Making and Community Program Human Rights Committees, and provided input on policies and legislation.
- Added a staff advocate specializing in housing issues for consumers.
- Advocated for language in program contracts, requiring providers to be more accountable for consumer's funds they manage.
- Provided research and development for the documentary film entitled *Legacy of Wyatt*.
- Developed and coordinated a strategy for Executive Order #15, establishing "Governor's Regional Advisory Board Committees."



The Office of Rights Protection and Advocacy provided referral and assistance to hundreds of consumers who called in response to the department's statewide billboard campaign.

OFFICE OF POLICY & PLANNING

The Office of Policy & Planning coordinates the formulation of policies, procedures, strategic plans, and special projects.

Responsible For:

- Maintaining and implementing the process for the review and development of departmental policies.
- Maintaining and implementing the process of promulgating administrative rules in accordance with state guidelines.
- Coordinating the activities of the Management Steering Committee, a stakeholder advisory group which makes recommendations regarding policy, planning, and budgetary issues to the Commissioner.
- Providing executive leadership and support to the Alabama Family Trust.
- Offering independent assistance to facilities regarding certification issues.
- Representing the department, as assigned, in statewide collaboration with other agencies.
- Ensuring that information concerning the department is accurately and fairly representative on national survey tools.
- Tracking the continued implementation of the DMH/MR Housing Initiative with the Alabama Housing Finance Authority.
- Providing assistance with the development and tracking of grants.

Initiatives for the Year:

- Assisted in the formulation of SMART Budgeting and Management.
- Continued to report and coordinate the implementation of performance-based budgeting and reporting.
- Finalized and promulgated, through the Alabama Administrative Code, standards for the operation of community programs providing services to consumers.
- Continued to review and revise, as necessary, the DMH/MR policies, through the coordination of the DMH/MR Policy Committee.
- Continued the coordination of activities of the Management Steering Committee.
- Provided support for the Alabama Family Trust with 123 trust accounts totaling \$2.15 million.
- Tracked the DMH/MR Housing Initiative with the Alabama Housing Finance Authority, which continues exceed above a 90% occupancy rate in units available in the Black Belt Counties.
- Represented the Department in the following initiatives:
 - Healthy People 2010/Children & Youth with Special Health Care Needs.
 - Governor's Taskforce to Strengthen Alabama Families.
 - United We Ride
 - Youth Leadership Forum



The Office of Public Information and the MI Consumer Relations Office coordinated the 2004 Voice and Vision III Consumer Art Exhibit at the Montgomery Museum of Fine Arts. Mr. Calloway, pictured here, is a 108 year old consumer artist who resides at the Alice Kidd Nursing Home in Tuscaloosa.

OFFICE OF PUBLIC INFORMATION & COMMUNITY RELATIONS

A large part of the legacy of the *Wyatt* case was the proliferation of community services and the downsizing of state institutions. The need for public information was recognized by the court as an important part of the transition of consumers into community life. The Office of Public Information and Community Relations develops public education campaigns designed to overcome unwarranted stigma and alleviate misinformation about persons with mental disabilities. The President's New Freedom Commission has cited stigma as a prime inhibitor for people seeking early treatment for symptoms of a mental illness. The Office also seeks to inform the public about mental illness subject matter to encourage treatment and recovery.

Responsible for:

- Creating and disseminating printed material about mental illness, mental retardation, and substance addiction.
- Composing the department's Annual Report.
- Responding to media inquiries about DMH/MR issues and/or events.
- Publishing departmental newsletters.
- Writing and disseminating press releases on behalf of the department.
- Assisting with proclamations, retirement resolutions, and departmental awards.
- Coordinating Employee Appreciation initiatives and events.

Initiatives for the Year:

- Developed and issued responses to 182 media calls related to departmental events, issues, or initiatives.
- Compiled and disseminated over 20 press releases during the year about DMH/MR subject matter.
- Developed a Star Initiatives video highlighting 8 prime initiatives of the department with personal stories from consumers served by those programs.
- Worked with the Office of Consumer Relations in organizing the Voice and Vision III Consumer Art Exhibit at the Montgomery Museum of Fine Arts. Thirty pieces were on display featuring consumers and clients from all three service divisions.
- Created the first ever departmental Access to Services Directory, which contained information about community providers for mental illness, mental retardation, and substance abuse services across the state.
- Launched a statewide public information billboard campaign about mental illness recovery, mental retardation self-determination, and substance abuse recovery. The Advocacy hot line received over 300 calls specifically related to the billboards.
- Provided leadership for the Central Office and State Employee Appreciation Committees in planning two events. First, the Central Office raised funds through a "Biscuit Basket" door prize strategy and held a summer hot dog lunch party. Second, the State Committee sponsored an Employee Appreciation Banquet where the Employee of the Year Award was presented.
- Worked in collaboration with the Department of Public Health in developing a state suicide awareness plan. Created billboards featuring the 1-800-SUICIDE counseling line.

BUREAU OF SPECIAL INVESTIGATIONS

By statute the department has its own Bureau of Special Investigations (BSI) as an internal investigative law enforcement unit with jurisdiction on mental health properties. BSI maintains offices in Tuscaloosa and Montgomery. Three agents and an administrative assistant are assigned to the Montgomery office, and one agent is assigned to the Tuscaloosa office.

Responsible for:

- Investigating serious or major allegations of criminal conduct occurring within the DMH/MR.
- Conducting investigations referred to BSI by other DMH/MR authorities when the investigations reveal evidence of any criminal action on the part of the perpetrators.
- Reviewing some facility cases either when requested or if the review of the disposition of the case reveals evidence of criminal conduct.
- Sponsoring and conducting training seminars for mental health police and others charged with investigating incidents within the department.



The Bureau of Legal Services directed the Department's responses in the Wyatt litigation and was instrumental in the settlement of the 33-year lawsuit.

- Administering the security of the DMH/MR Monitoring System.

Initiatives for the year:

- Participated in the annual Law Enforcement Torch Run for Special Olympics and raised a total of over \$1,300 toward this cause.
- Conducted and/or reviewed 89 investigations.

BUREAU OF LEGAL SERVICES

The Bureau of Legal Services represents the Department's interest in legal matters. The Bureau took a leadership role in assisting the department in meeting the terms of the *Wyatt* settlement agreement of the year 2000. Countless hours were dedicated to comply with the court's mandates and the termination of this historic 33-year lawsuit on December 5, 2003.

Responsible for:

- Planning legal strategies and protecting the interests of the department in its effort to provide services consistent with its mission statement.
- Advising other staff in any capacity for situations that may have legal implications.

Initiatives for the year:

- Litigated and managed private firm representation in 43 major lawsuits in state and Federal trial courts of general jurisdiction throughout the state. The types of cases ranged from mental illness/mental retardation (MI/MR) services-related cases to personal injury and personnel-related lawsuits.
- Litigated approximately 76 cases where individuals had been adjudicated not guilty by reason of mental disease or defect (NGRI).
- Defended 11 habeas corpus petitions.
- Defended 5 Equal Employment Opportunity Commission (EEOC) administrative actions.
- Handled 67 juvenile hearings.
- Conducted 652 recommitment hearings.
- Handled 113 Board of Adjustment claims.



More than 27,000 children and adolescents are served by the department and its contract providers each year in the state of Alabama. There are an estimated 80,000 more children who need care. The Office of Children's Services provides assistance and oversight to the department's youth services initiatives.

OFFICE OF CHILDREN'S SERVICES

The Office of Children's Services is responsible for the coordination of service delivery to children and adolescents that cross the three service divisions (MI, MR, and SA). The office is also responsible for the development of new initiatives that enable the department to move towards a more comprehensive system of care for children and adolescents with mental illness, mental retardation, and substance abuse problems.

Responsible for:

- Administering the "Children First" funds that come to the department from the Children First Trust Fund, which requires oversight and periodic reporting of expenditures to the Children First Office and Department of Children's Affairs.

- Serving as a liaison between the Department of Mental Health and Mental Retardation and other state agencies that provide services for Alabama's children.
- Serving as a single point of contact in the department for individuals and organizations across the state that require assistance with issues relating to mental health care and youth.

Initiatives for the Year:

- Provided technical assistance and training to support mental health juvenile court liaison positions that serve all 67 counties and increased the number of youth served by this program.
- Provided programmatic and fiscal management that increased the number of children served with DMH/MR "Children First" funds by 31 percent over the previous year.
- Coordinated and monitored all services through the "Our Kids" initiative. "Our Kids" is a collaboration between three state human service agencies.

THE ALABAMA FAMILY TRUST & SPECIAL PROJECTS

The Alabama Family Trust (AFT) was legislatively established to assist families in planning for the future of their loved ones with disabilities. The trust is an allowable mechanism designed to protect vital governmental entitlements, such as Supplemental Security Income (SSI) and Medicaid, while ensuring the availability of funding to provide optimum care of their family member.

Recently restructured to further assist those with lower incomes, this special needs trust serves the state of Alabama in a way that is both cost effective and meaningful to the beneficiaries and their families.

Responsible for:

- Administering the day-to-day operations of the trust, including working closely with co-trustees of individual accounts to ensure that the needs of the disabled are met.
- Establishing and maintaining accurate financial information regarding trust accounts and working in conjunction with the AFT Board of Trustees to provide trust presentations to interested parties across the state.

Initiatives for the Year:

- Maintained 123 active trust accounts with a combined value of over \$2.15 million.

ALABAMA COUNCIL FOR DEVELOPMENTAL DISABILITIES

The Alabama Department of Mental Health and Mental Retardation serves as the designated state agency for the Alabama Council for Developmental Disabilities (DD). The Council was established by the Governor through an Executive Order to meet the requirements of the Federal Developmental Disabilities Assistance and Bill of Rights Act (ACDD). ACDD receives and administers Federal funds through the DD Act to enable individual with developmental disabilities and their families to design services and supports to help them access assistance and opportunities in all aspects of community life.

The Council consists of members who are appointed by the Governor, as well as representatives of agencies specified in the DD Act. The 36-member council is represented by:

- People with developmental disabilities or family members (parents/guardians/immediate relatives).
- Representatives from various state agencies.
- A non-profit organization.
- A local governmental agency.
- A non-governmental agency.
- An individual (or his or her immediate relative or guardian) who resides or who previously resided in an institution.
- State Protection and Advocacy Program (ADAP).
- University Center for Excellence Program (UAB).

Responsible for:

- Conducting outreach to identify, assist, and enable individuals with developmental disabilities and their families to experience independence, productivity, integration, inclusion, and self-determination.
- Providing technical assistance to facilitate public and private entities to contribute to achieving community inclusion.
- Supporting and educating communities in community inclusion.
- Supporting and conducting activities to promote interagency collaboration.
- Demonstrating new approaches to services and supports for individuals with developmental disabilities that foster community inclusion.
- Supporting leadership opportunities for individuals with developmental disabilities.

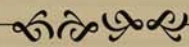
Initiatives for the Year:

- Helped 383 individuals with developmental disabilities obtain and keep employment within their interests, abilities, and needs through five active grants from the Council.



The Alabama Council for Developmental Disabilities receives and administers Federal funds to provide assistance to individuals with developmental disabilities and their families.

- Through two projects, eight schools improved their Individual Education Plans and 38 parents were trained regarding their child's education rights.
- Funded projects that provided 330 individuals across the state with needed health services.
- Enabled 71 individuals to be active in inclusive recreational activities through seven active grants.
- Utilized two grants that provided transportation services to work, school, medical, and personal needs for 37 individuals.
- Enhanced quality assurance systems through five projects to provide individuals with developmental disabilities with information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights.



DIRECTORY

DIVISION OF MENTAL ILLNESS

Phone: (334) 242-3643

Fax: (334) 242-3025/242-0796

Office of Mental Illness Community Programs

(334) 242-3200

Office of Mental Illness Facilities

(334) 242-3643

Office of Deaf Services

(334) 353-4703

Office of Consumer Relations

(334) 242-3456

Office of Performance Improvement

(334) 242-3208

Mental Illness Facilities:

Bryce Hospital

(205) 759-0799

Alice Kidd Nursing Facility

(205) 759-0633

Taylor Hardin Secure Medical
Facility

(205) 556-7060

Mary Starke Harper Geriatric
Psychiatry Center

(205) 759-0900

North Alabama Regional Hospital

(256) 560-2200

Greil Memorial Psychiatric Hospital

(334) 262-0363

Searcy Hospital

(251) 662-6700

DIVISION OF MENTAL RETARDATION

Phone: (334) 242-3701

Fax: (334) 242-0542

Office of Mental Retardation Community Programs

(334) 242-3701

Office of Mental Retardation Certification

(334) 242-3708/353-7037

Office of Consumer Empowerment

(334) 353-7032

Region I Community Services

(256) 552-3720

Region II-East Community Services

(205) 916-0400

Region II-West Community Services

(205) 554-4157

Region III Community Services

(251) 621-4760

Region IV Community Services

(334) 514-4300

Mental Retardation Developmental Center:

W. D. Partlow Developmental Center

(205) 553-4550

DIVISION OF SUBSTANCE ABUSE SERVICES

Phone: (334) 242-3961

Fax: (334) 242-0759

Methadone Services

(334) 242-3957

Office of Performance Improvement

(334) 242-3967

Office of Certification

(334) 242-3956

Office of Research, Evaluation, & Information

(334) 242-3966

Office of Prevention

(334) 242-3954

Office of Contracts & Grants

(334) 242-3969

DIVISION OF ADMINISTRATION

Phone: (334) 353-3895

Fax: (334) 353-9165

Bureau of Finance & Accounting

(334) 242-3992

Office of Compensation Services

(334) 242-3192

Bureau of Data Management

(334) 242-3305

Bureau of Human Resources Management

(334) 242-3112

Office of Staff Development

(334) 242-3177

Office of Certification

(334) 242-3937

Office of Pre-Admission Screening (OBRA)

(334) 242-3946

Office of Contracts

(334) 353-7440

Office of Land & Asset Management

(334) 242-2057

Administrative Support Services

(334) 242-3931/242-3934

COMMISSIONER'S OFFICE

Phone: (334) 242-3107

Fax: (334) 242-0684

Office of Legislative & Constituent Affairs

(334) 242-3107

Office of Rights Protection & Advocacy Program

(334) 242-3454/800-367-0955

Office of Policy & Planning

(334) 242-3706

Office of Public Information & Community Relations

(334) 242-3417

Bureau of Special Investigations

(334) 242-3274

Bureau of Legal Services

(334) 242-3038

Office of Children's Services

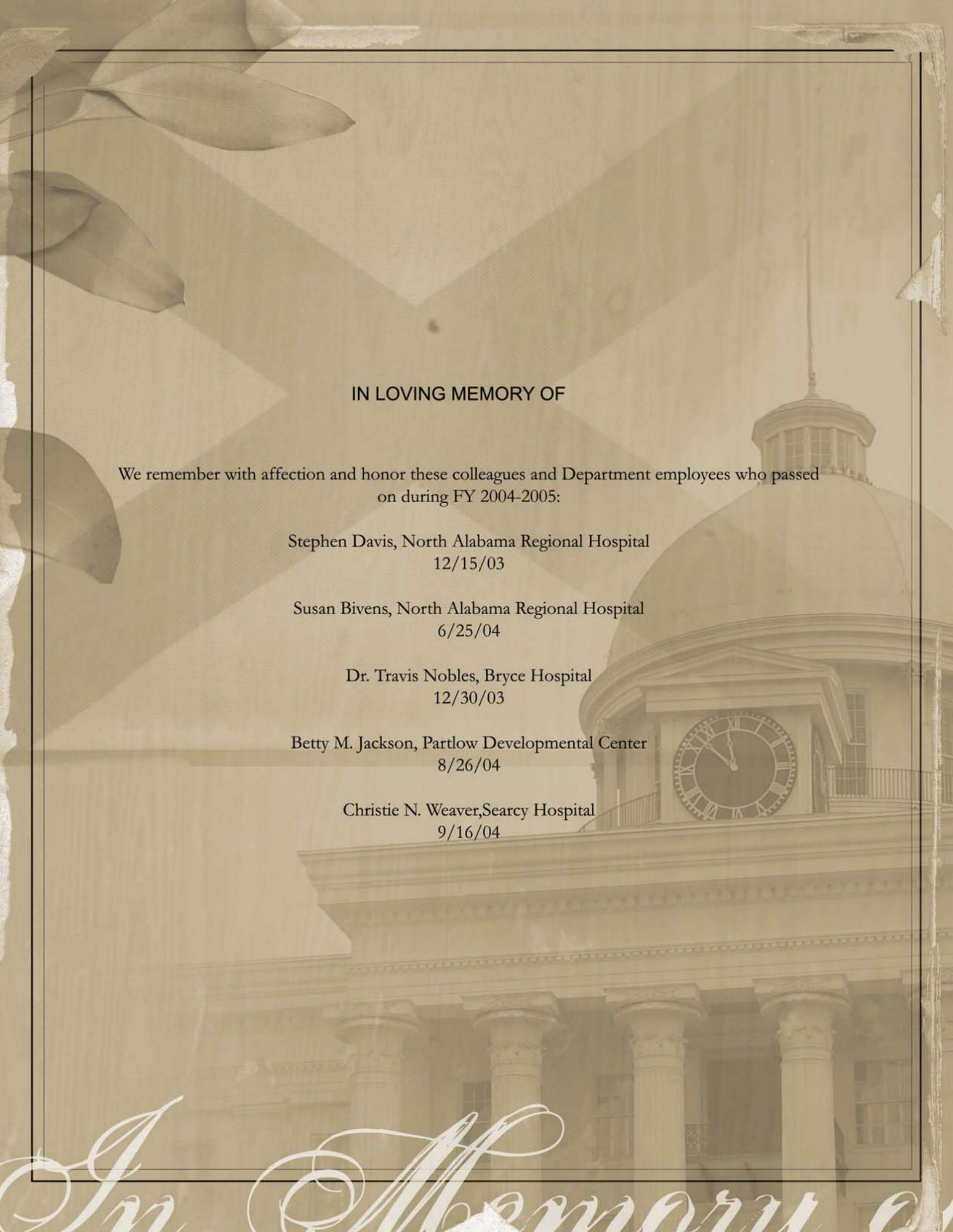
(334) 353-7110

The Alabama Family Trust & Special Projects

(334) 242-3063/800-711-1303

Developmental Disabilities

(334) 242-3973/800-232-2158



IN LOVING MEMORY OF

We remember with affection and honor these colleagues and Department employees who passed on during FY 2004-2005:

Stephen Davis, North Alabama Regional Hospital
12/15/03

Susan Bivens, North Alabama Regional Hospital
6/25/04

Dr. Travis Nobles, Bryce Hospital
12/30/03

Betty M. Jackson, Partlow Developmental Center
8/26/04

Christie N. Weaver, Searcy Hospital
9/16/04

In Memory of

